

**“Globulizing” the Hospital
Ward: Legitimizing
Homœopathic Medicine through
the Establishment of Hospitals in
19th-Century London and Madrid**

Felix Stefan von Reiswitz

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Declaration of Originality

I, Felix Stefan von Reischwitz, declare that the work submitted is my own and that appropriate credit has been given where reference has been made to the work of others.

F. S. von Reischwitz

London, November 2012

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Abstract

This thesis examines the background, establishment and early history of two homœopathic hospitals in different national settings: the London Homœopathic Hospital (founded 1849) and the Instituto Homeopático y Hospital de San José (founded 1878) in the Spanish capital Madrid. Both institutions are among the last survivors of their kind to this day and were chosen for their availability of sources that make it possible to fit this thesis into the existing historiography of hospitals, where “alternative” 19th Century medical institutions are seldom considered, as well as into that of homœopathy in general, wherein both hospitals and Spain have hitherto been paid only scant attention by historians of medicine.

The first two chapters examine the two disparate attempts to establish a homœopathic hospital, against opposition and lacking active support from government authorities. The two timelines stretch from the founders’ first outlined plans to the opening of the first wards, the institutions’ organization and their progress up to the 1890s. Biographical details of the two principal characters behind these projects, Dr Frederick Quin and Dr José Nuñez Pernía respectively, help to understand their own conversion to and interest in the new and controversial practice that was homœopathy.



Figure A.1: “Post Tenebras Lux” (“after darkness, light”): Death is banished from the hospital by the new medicine of similars.

A study of the two hospitals’ activities follows, using analysis of contemporary periodicals, surviving archival material and institutional statistical returns to understand the extent to which these hospitals were perceived as successful by their supporters, both in attracting and caring for patients. A picture also emerges about who the early patients and practitioners of these two institutions were, what pathologies were seen in the wards and how successful the practitioners understood the homœopathic treatment to be.

Homœopathic hospitals also played a role beyond patient care, such as providing loci for the training of new practitioners or acting as major nodes within national and international homœopathic networks. The fourth chapter examines some of these extra-clinical functions and how far these hospitals buttressed the struggle for a solid basis of legitimacy for homœopathy within contemporary clinical medicine.



Table of Contents

Declaration of Originality	2
Acknowledgements.....	3
Abstract	5
Table of Contents.....	7
Illustrative Material and Tables.....	11
Figures	11
Tables	15
Abbreviations.....	17
Introduction.....	19
i.1 Nomenclature and ‘Background’ Concepts of Homœopathic History	22
i.2 Historiography of British and Spanish Homœopathy	26
i.3 Historiography of other Homœopathic Hospitals	30
i.4 Historiography of the London and Madrid Homœopathic Hospitals	34
i.5 ‘Professional’ and ‘Lay’ Homœopathy	39
i.6 Charity and the Voluntary Hospital	41
i.7 Medical Professionalization	42
i.8 Sources	45
i.9 Structure of the Thesis’s Chapters	50
Chapter 1 The London Homœopathic Hospital: Precedents, Foundation and Early History, 1833–1898	54
1.1 London’s ‘Homœopathic Precedents’ before 1849	54
1.1.1 Homœopathy’s circuitous route to Britain, 1833–1837	56
1.1.2 Curie’s Homœopathic Institutions in London, 1837–1853.....	62

1.2	Frederick Quin, Founder of the London Homœopathic Hospital.....	69
1.2.1	Quin's Early Biography and First Homœopathic Contact, 1799–1832.....	72
1.2.2	Quin's Return to England, 1832–1843.....	84
1.3	The Foundation and Work of the London Homœopathic Hospital.....	88
1.3.1	The "British Homœopathic Society," 1844–1849	88
1.3.2	The First London Homœopathic Hospital, 1849–1857	93
1.3.3	The New London Homœopathic Hospital, 1859–1876	106
Chapter 2 Instituto Homeopático y Hospital de San José: Precedents, Foundation and early History, 1829–1898		
2.1	Homœopathic Beginnings in Spain, 1829–1843.....	133
2.2	José Nuñez Pernía, Founder of Madrid's Instituto Homeopático y Hospital de San José.....	142
2.2.1	Nuñez's Early Biography and First Homœopathic Contact, 1805–1843.....	142
2.2.2	Nuñez and the Spanish Doctors, 1843–1845.....	146
2.3	The Long and Difficult Foundation of Nuñez's Hospital, 1845–1879.....	149
2.3.1	The "Sociedad Hahnemanniana Matritense," 1845–1847.....	150
2.3.2	Nuñez, the "Sociedad Hahnemanniana Matritense" and Madrid's First Homœopathic Dispensary, 1850–1865	157
2.3.3	A Redoubling of Efforts: The Final Royal Decree, 1865–1867	161
2.3.4	A Homœopathic Hospital by Private Initiative, 1867–1873 ...	162
2.3.5	The First Spanish Homœopathic Hospital, 1873–1879	166
2.3.6	Nuñez's Difficult Legacy: the Instituto Homeopático y Hospital de San José after its Founder's death, 1879–1898	175
Chapter 3 Homœopathic Hospital Demographics: Staff, Volunteers and Patients in London and Madrid.....		
3.1	Hospital Demographics, a General Introduction	190
3.2	Medical and Principal Officers of the 19 th -Century London Homœopathic Hospital.....	192
3.3	Nursing Staff at the London Homœopathic Hospital	201
3.4	The London Homœopathic Hospital's Lady Visitors	209
3.5	A Demographic Survey of Patients at the LHH.....	216
3.6	Medical and Principal Officers of Madrid's Instituto Homeopático y Hospital de San José.....	224

3.7	The “Servants of Mary” and “Daughters of Charity”: Nursing Congregations at the Instituto Homeopático y Hospital de San José	228
3.8	Informal Auditors: The “Junta de Señoras”	235
3.9	Demographic Survey of Patients at the IHHSJ	239
Chapter 4 Statistical Evidence of 19 th -Century Homœopathic Hospital		
	Patients and Pathologies Treated in London and Madrid	245
4.1	Hospital Statistics: Introductory Remarks and Caveats	246
4.2	Indicators of Homœopathic Hospitals’ Acceptance Among their Local Target Population: A Quantitative Patient Survey	256
4.2.1	Patient Numbers at the LHH	257
4.2.2	Patient Numbers at the IHHSJ	265
4.3	Pathologies Treated in Homœopathic Hospital Wards	276
4.3.1	Diseases Treated at the LHH, 1850–1886	281
4.3.2	Diseases Treated at the IHHSJ, 1878–1886	295
4.4	Interpretation of Statistical Results for both LHH and IHHSJ	301
4.5	Surgery and the Homœopathic Hospital	311
4.5.1	Surgery and the LHH	314
4.5.2	Surgery and the IHHSJ	319
Chapter 5: Educational and Ancillary Activities of the London and Madrid Homœopathic Hospitals		
5.1	Ancillary Activities at the LHH	327
5.1.1	English Medical Education and the Hospital: A Brief Survey	328
5.1.2	Medical Education at the LHH	333
5.1.3	The London Homœopathic Hospital Nursing Institute	348
5.1.4	The London Homœopathic Hospital and the Homœopathic Press	357
5.1.5	London’s Homœopathic Library	365
5.1.6	Other Activities In and Around the LHH	371
5.2	Ancillary Activities at the IHHSJ	376
5.2.1	A Brief Survey of Medicine, Medical Education and the Hospital in Nineteenth-Century Madrid	376
5.2.2	Medical Education at the IHHSJ	384
5.2.3	The Homœopathic Press in Spain, Prior and Contemporary to the IHHSJ	398
5.2.4	A Homœopathic Library for Madrid	409
5.2.5	Other Activities at the IHHSJ	414
Conclusion		418
c.1	Founders, Networks and Supporters	419
c.1.1	The Importance of Leaders and Social Networks	420
c.1.2	Homœopathic Networks and Supportive Associations	424

c.2	Foundation and Roles of the Homœopathic Hospital.....	426
c.2.1	Homœopathic Hospital Foundation in London and Madrid	427
c.2.2	Homœopathic Hospitals as Vehicles for ‘Alternative’ Medical Careers.....	428
c.2.3	“Homœopathic” Nursing	431
c.3	Patients, Diseases and Treatment in London and Madrid.....	433
c.4	Diseases, Treatment and Pragmatic ‘Eclecticism’	436
c.5	Laypersons and Homœopathic Hospitals	439
c.6	Homœopathic Hospitals as Nexuses of Wider Activities.....	441
c.7	Summary.....	444
	Bibliography	450
	Primary Sources	450
	Secondary Sources.....	472
	Tertiary Sources.....	483
	Details of Archival and Rare Book Repositories	484
	Appendices	486
	Appendix A	487
	Appendix B.....	491
	Appendix C.....	500
	Appendix D	510
	Appendices E, F, G.	516

Illustrative Material and Tables

Figures

Fig. A.1	“Post Tenebras Lux:” Death is banished from the hospital by homœopathy. Frontispiece illustration of L. Griesselich, <i>Skizzen aus der Mappe eines Reisenden Homöopathen</i> . Karlsruhe: Ch. Th. Groos, 1832.	6
Fig. 1.1	Dr. Paul Étienne François Gustave Curie (1799–1853) Lithograph by C. Graf, 1843, after a drawing by A. G. G. Comte d’Orsay, 1843. Iconographic Collection (ICV 1586), Wellcome Library, London.	59
Fig. 1.2	Dr. Frederick Hervey Foster Quin (1799–1878) Oil Portrait by Thomas Uwins, R.A., c.1840s. Photograph taken with permission of CAMLIS and the Friends of the Royal London Hospital for Integrated Medicine.	77
Fig. 1.3	Lord Robert Grosvenor, Baron Ebury (1801–1893), 1859. Engraving by Daniel John Pound after a photograph by John Jabez Edwin Mayall. Supplement issued by the Illustrated News of the World, London, to its subscribers in 1859. Private Collection.	91
Fig. 1.4	The London Homœopathic Hospital in Golden Square. Illustration from Edward A. Attwood, <i>Historical Sketch of the London Homœopathic</i>	

	Hospital, Great Ormond Street and Queen Square, Bloomsbury, W.C., 3rd impression (London: London Homœopathic Hospital, 1914).....	96
Fig. 1.5	Detail of Dr. John Snow's map of cholera deaths around the Broad Street water pump, showing the proximity of the LHH (bottom centre) to the outbreak. From John Snow, <i>On the Mode of Communication of Cholera</i> , 2nd ed. (London: John Churchill, 1855).	100
Fig. 1.6	50, 51 and 52 Great Ormond Street, the houses purchased for the LHH, before conversion, c.1857. Illustration from Edward A. Attwood, <i>Historical Sketch of the London Homœopathic Hospital</i>	109
Fig. 1.7	The Converted LHH building, 1859. Illustration from the <i>London Illustrated News</i>	110
Fig. 1.8	Hon. Capt. Robert Wellesley Grosvenor (1834–1918), Member of Parliament for Westminster 1865–1874. Detail of albumen carte-de-visite photograph by John & Charles Watkins, c. 1860s. National Portrait Gallery, London.	114
Fig. 1.9	The LHH's front elevation, designed by William A. Pite (1860–1949). Watercolour by William A. Pite, October 1893. Courtesy of the Friends of the Royal London Hospital for Integrated Medicine.	123
Fig. 1.10	Durning Ward (Female Surgical Ward), c. 1890s. Photograph Postcard produced by The Scientific Press Ltd., London, sent by a patient, postmarked June 1909. Private collection	125
Fig. 1.11	LHH outpatients' department waiting room, c. 1895. Photograph from Edward A. Attwood, <i>Historical Sketch of the London Homœopathic Hospital</i>	126
Fig., 1.12	LHH outpatients' department refreshment stall, c. 1910. Photograph courtesy of the Friends of the Royal London Hospital for Integrated Medicine	127
Fig. 2.1	Dr. Pedro Rino y Hurtado (1808–1882), 1857. Detail of an oil portrait by José Gutierrez de la Vega, Badajoz Provincial Museum of Art. Photograph courtesy of Félix Antón Cortés.....	138
Fig. 2.2	José Nuñez Pernía (1805–1879), c. 1848. Oil portrait executed by Valentín Carderera Solano (1796–1880) on the occasion of Nuñez being awarded the Gran Cruz de Carlos III for services to the crown.	

	Fundación Instituto Homeopático y Hospital de San José. Photograph courtesy of Félix Antón Cortés.....	142
Fig. 2.3	Joaquín de Hysern y Molleras (1804–1883). Xylograph by Arturo Carretero y Sánchez (1852–1903) for <i>La Ilustración Española y Americana</i> (Madrid), 8 April 1883.	146
Fig. 2.4	Artist's impression of the Instituto Homeopático y Hospital de San José. Xylograph for <i>La Ilustración Española y Americana</i> (Madrid), 30 January 1874.....	167
Fig. 2.5	Autograph Letter from Isabel II to Nuñez, authorizing the dedication of the hospital's "Santa Isabel" ward in her honour. Courtesy of Fundación Instituto Homeopático y Hospital de San José.	169
Fig. 2.6	José Nuñez Granés (1854–1918), c. 1900. Photograph by "Fotógrafo Greco," Alcalá 19, Madrid. Courtesy of Fundación Instituto Homeopático y Hospital de San José.....	173
Fig. 2.7	Outpatients' dispensary pavilion, showing the different specialist doctors' clinic hours, 1929. Photograph. Courtesy of Fundación Instituto Homeopático y Hospital de San José.....	183
Fig. 3.1	LHH Nursing Staff (and "Barton" Ward's resident dog), c. 1890s. Photograph by Peter Moll, Battersea Park. Courtesy of the Friends of the Royal London Hospital for Integrated Medicine.....	203
Fig. 3.2	The Sisters and Matron of the London Homœopathic Hospital taking tea on the hospital's roof terrace c. 1896. Photograph by Peter Moll, Battersea Park. Courtesy of the Friends of the Royal London Hospital for Integrated Medicine.	206
Fig. 3.3	Receipt for a yearly subscription to the LHH. Private Collection.	216
Fig. 3.4	Street and Indoor Habit of the <i>Siervas de María</i> ("Servants of Mary"), c. 1850s. Illustration by J. de Ribelles for <i>La Ilustración</i> (Madrid), 6 December 1851. Courtesy of the Biblioteca Nacional, Madrid.	228
Fig. 3.5	The original habit of the "Daughters of Charity," characterized by its large wimple. Illustration by Jenaro del Valle in <i>Historia de las Instituciones Monásticas</i> , vol. 2 (Madrid: Angosta de S. Bernardo, 1842). Courtesy of the Universidad Complutense de Madrid.....	229

Fig. 3.6	One of the <i>IHHSJ</i> 's medical officers with two "Hijas de la Caridad" in one of the hospital's consulting rooms, c. 1928. Photograph. Courtesy of Fundación Instituto Homeopático y Hospital de San José.....	230
Fig. 3.7	Ward visit to the N ^a S ^a de las Mercedes ward, c. 1928. Photograph courtesy of Fundación Instituto Homeopático y Hospital de San José.....	231
Fig. 3.8	Isabel de Aguilera y Santiago de Perales, de los Marqueses de Cerralbo y Benalúa, Duchess of Veragua (1843–1903), President of the "Junta Protectora de Señoras" from 1877. Photograph, c. 1893. From Hubert Bancroft, <i>The Book of the Fair</i> vol. 1 (Chicago: 1893).....	235
Fig. 4.1	Inpatients and outpatients by reporting period at the London Homœopathic Hospital, April 1850 to March 1890 inclusive	257
Fig. 4.2	Inpatients and outpatients by reporting period at the <i>IHHSJ</i> , 1878 to March 1889 inclusive	266
Fig. 4.3	Monthly return from the <i>IHHSJ</i> dispensary, showing outpatient figures for January 1879, certified by one of the voluntary medical officers, Anastasio García Díaz	269
Fig. 4.4	Total yearly inpatient figures showing patients' gender and age (adults/children) distribution at the <i>IHHSJ</i> between 1878 and March 1889	272
Fig. 4.5	Total yearly outpatient figures showing patient gender and age (adults/children) distribution at the <i>IHHSJ</i> between 1878 and June 1884	274
Fig. 4.6	Disease classes (according to the Bertillon system of classification detailed in Table 4.1) treated in the <i>LHH</i> wards over the periods examined between 1850 and 1886, by order of magnitude.....	281
Fig. 4.7	A view of the entrance area of "Barton" ward, the London Homœopathic Hospital's children's ward, c. 1898. Photograph courtesy of Ms Ellen Downey	285
Fig. 4.8	Evolution of disease class distribution (represented cumulatively in % of all cases seen each year) at the <i>LHH</i> over four different periods, compared with that at St. Thomas's Hospital in 1866.	287
Fig. 4.9	Cumulative representation of treatment outcomes out of total patients in each Bertillon class during examined period	289

Fig. 4.10	Disease classes (according to the Bertillon System of classification detailed in Table 4.1) treated in the IHHSJ wards over the periods examined between 1878 and 1886, by order of magnitude.	294
Fig. 4.11	Evolution of disease class distribution at the IHHSJ between 1878 and 1886	296
Fig. 4.12	Cumulative representation of treatment outcomes out of total patients in each Bertillon class between 1880 and 1886	299
Fig. 5.1	First volume of the <i>Annals and Transactions of the British Homœopathic Society and of the London Homœopathic Hospital</i> , published in May 1860. Courtesy of CAMLIS.	360
Fig. 5.2	The London Homœopathic Hospital's boardroom, c. 1900. Photograph. Courtesy of Ms Ellen Downey.	368
Fig. 5.3	Advert for Leath and Ross, homœopathic chemists in London, 1869, from <i>The Homœopathic Medical Directory of Great Britain and Ireland, 1869</i>	372
Fig. 5.4	First page of a list of students inscribed at the IHHSJ for the year 1881/1882. IHHSJ Arch. Courtesy of Fundación Instituto Homeopático y Hospital de San José.	389
Fig. 5.5	"Médico Homeópata" (Homœopathic Doctor) diploma awarded to successful students of the IHHSJ after two years. IHHSJ Arch. Courtesy of Fundación Instituto Homeopático y Hospital de San José.	392
Fig. 5.6	Academic Record of the student Hipólito Rodríguez Pinilla, entitling him to be examined in <i>Materia Medica, Men's and Women's Clinical Medicine</i> in 1883. Expedientes. IHHSJ Arch. Courtesy of Fundación Instituto Homeopático y Hospital de San José.	394
Fig. 5.7	First issue of the <i>Gaceta del Cólera Morbo</i> , published in 1854. Biblioteca Nacional, Madrid.	401

Tables

Table 3.1	Honorary Medical Officers of the Royal London Homœopathic Hospital, elected 17 th February 1851.	193
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Table 3.2	Selection of patients treated by Dr. Drury and Mr Yeldham in 1864 and 1874 at the LHH	222
Table 3.3	Initial <i>IHHSJ</i> medical and academic staff as deduced from the hospital administrator's accounts for 1878 and 1879.....	226
Table 4.1	The fifteen classes of disease according to the Bertillon Classification of Causes of Death, 1899	280

Abbreviations

<i>Actas 1</i>	Fundación Instituto Homeopático y Hospital de San José, Libro de Actas del Patronato, vol. 1 (1890–1923), notarized typescript copy, Actas, M1, IHHSJ Arch.
<i>Anales MH</i>	<i>Anales de la Medicina Homeopática: Boletín Oficial de la Sociedad Hahnemanniana Matritense.</i>
<i>Ann. BHS</i>	<i>Annals and Transactions of the British Homœopathic Society and of the London Homœopathic Hospital.</i>
<i>Ann. Hom. Disp.</i>	<i>The Annals of the London Homœopathic Dispensary.</i>
<i>An. RANM</i>	<i>Anales de la Real Academia Nacional de Medicina, Madrid.</i>
<i>BHJ</i>	<i>The British Homœopathic Journal.</i>
<i>BJH</i>	<i>The British Journal of Homœopathy.</i>
<i>BMCF</i>	<i>Boletín de Medicina, Cirujía y Farmacia.</i>
<i>BMJ</i>	<i>The British Medical Journal.</i>
<i>BnF</i>	Bibliothèque Nationale de France, Paris.
<i>Boletín Clínico</i>	<i>Boletín Clínico del Instituto Homeopático de Madrid.</i>
<i>Bol. SEHF</i>	<i>Boletín de la Sociedad Española de Historia de la Farmacia.</i>
<i>Bol. SHM</i>	<i>Boletín Oficial de la Sociedad Hahnemanniana Matritense.</i>
<i>CAMLIS</i>	Archival Collections, Complementary and Alternative Medicine Library and Information Service, The Royal London Hospital for Integrated Medicine, London.
<i>ECM</i>	<i>El Criterio Médico, Periódico de Homeopatía. Oficial de la Sociedad Hahnemanniana Matritense (1860–1886) / Órgano Oficial del Hospital Homeopático de San José, del Instituto Homeopático y de la Sociedad Hahnemanniana Matritense (1886–1890).</i>
<i>Frz. Krankenjournal</i>	<i>Französische Krankenjournal</i> von Samuel und Melanie Hahnemann (1835–1863), 18 vols., DF 2–17, IGM Arch.

<i>Gaceta Médica</i>	<i>Gaceta Médica, Periódico de Medicina, Cirugía y Farmacia, Oficial del Instituto Médico de Emulación.</i>
IGM Arch.	Homöopathie-Archiv, Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart.
IHHSJ Arch.	Archivo de la Fundación Instituto Homeopático y Hospital de San José, Madrid.
<i>LHH Reports</i>	<i>Reports of the London Homœopathic Hospital.</i>
<i>Med. GG</i>	<i>Medizin, Geschichte und Gesellschaft. Jahrbuch des Instituts für Geschichte der Medizin der Robert Bosch Stiftung.</i>
MHR	<i>Monthly Homœopathic Review.</i>
<i>Minutes 1</i>	Minutes of Annual and Special General Meetings (vol. 1, 1850–1943), Royal London Homœopathic Hospital Collection, RLHH/A/01/1, Archival Collections, Complementary and Alternative Medicine Library and Information Service, The Royal London Hospital for Integrated Medicine, London.
<i>Nursing Record</i>	<i>The Nursing Record</i> (1888–1892); <i>The Nursing Record and Hospital World</i> (1892–1902).
Quin MSS	Correspondence of Frederick Hervey Foster Quin, VIC/QUIN, The Royal Archives, Windsor.
<i>SC Report</i>	<i>Second Report from the Select Committee of the House of Lords on metropolitan hospitals, &c. ...</i> (London: Her Majesty's Stationery Office, 1891).
TNA	The National Archives, London.

Introduction

This thesis comprises a comparative study between two charitable medical institutions in London and Madrid: the *London Homœopathic Hospital (LHH)*, founded by Frederick Hervey Foster Quin (1799–1878) in 1849 and the *Instituto Homeopático y Hospital de San José (IHHSJ)*, founded by José Nuñez Pernía (1805–1879) in 1878.¹ As their names suggest, both were founded as specifically homœopathic hospitals, combining two important strands of nineteenth-century medical history: on the one hand, new and radical ‘alternative’ medical practices, not limited to homœopathy

¹ The homœopathic hospital in Munich (Germany), a version of which survives to this day as the *Krankenhaus für Naturheilweisen* was originally chosen as a third institution, the *tertium comparationis* advocated for comparative history of medicine by Lutz Sauerteig among others (“Vergleich: Ein Königsweg auch für die Medizingeschichte? Methodologische Fragen Vergleichenden Forschens” in N. Paul and T. Schlich (eds.), *MedizingeschichteL Aufgaben, Probleme, Perspektiven* (Frankfurt: Campus, 1998), 266–291.) Unfortunately an initial exploration of the scarce relevant sources available in institutional, municipal and regional archives proved this to be an endeavor beyond the scope of this dissertation.

but including such diverse strands as hydropathy or mesmerism among others; on the other hand, the birth of the *clinic*, as a site for teaching and research but also as a seat of power, saw the importance of the hospital as an institution rise to the point of becoming the epicentre of the ‘orthodox’ medical world’s shift towards an increasingly ‘scientific’ medicine.² The crossover between two seemingly diametrically opposed worlds, an ‘orthodox’ institution and an ‘alternative’ practice, that these homœopathic hospitals represent is a phenomenon hitherto afforded only scant attention, particularly outside the German and American context, even though such institutions were established throughout the nineteenth century across Europe, the United States, the British Colonies and beyond. This study provides a novel approach to this topic, both with regards to location and scope, fitting neatly into the historiographical fields of both Spanish and English hospital history as well as into the wider history of ‘complementary’ or ‘alternative’ medicine. In particular, this thesis scrutinizes both institutions’ foundational histories, taking into account their respective founders’ ‘paths’ to homœopathy to understand how the practice took root in both locations. Through contemporary sources, both hospitals’ activities—clinical and ‘ancillary’—are examined to reveal similarities and differences to other contemporary medical

² Michel Foucault, *Naissance de la Clinique: une archéologie du regard médical*, 8^{ème} éd. (Paris: Presses Universitaires de France, 2009); Mark Weatherall, “Making Medicine Scientific: Empiricism, Rationality, and Quackery in mid-Victorian Britain,” *Social History of Medicine* 9 (1996): 175–194.

institutions in their respective settings. Through a survey of the medical work achieved within the wards but also through scrutinizing their educational and socio-professional networking activities, it is possible to ascertain what demonstrative, institutionalizing and, critically, legitimizing effects the institutions were expected to facilitate. Above all else, the struggle for homœopathy's legitimacy in the eyes of both patients and the medical profession is an omnipresent central concept in the histories of both hospitals, as well as in those of their founders, medical officers and supporters. The selection of these two hospitals for a comparative study follows a survey of European homœopathic institutions, most of which have long ceased to exist. Both institutions were established in or around the second half of the nineteenth century, in very socio-politically disparate countries, by men deemed leaders of their country's homœopathic field, both laying claim to direct links to the discipline's founder Samuel Hahnemann (1755–1843). Additionally, both institutions were intended to provide their respective countries with a central hospital of sufficient size to be comparable with the internationally famous homœopathic institutions of Paris or Vienna. As both London's and Madrid's hospitals achieved—at least temporarily—considerable international recognition among homœopaths, they can both be seen as comparably important 'national ambassadors' of homœopathy in Britain and Spain. In particular, the very different situations in which 'orthodox' medicine found itself in both countries at the time of

homœopathy's arrival allows such a comparison to examine whether common trends in these institutions' development happened independently of their background or whether—and how—this brought an influence to bear upon them. Crucially, sufficient archival and other contemporary sources could be identified for both institutions to make a comparative analysis possible, albeit with the caveat of some asymmetry in certain areas, detailed further below.

It is necessary to clarify some of the wider concepts and nomenclature used in this study, following which some of the existing relevant literature will be surveyed before finally outlining the structure of the following chapters in which the thesis's questions will be addressed.

i.1 *Nomenclature and 'Background' Concepts of Homœopathic History*

In considering any topic involving two opposing medical factions, one has to be mindful of Jütte's warning about implied value judgements presented by dichotomies that stem from historical—and to an extent current—medico-political discourse.³ Casual or careless use of words like 'orthodox' and 'heterodox', 'conventional and un-conventional' or 'regular' and 'irregular'

³ Robert Jütte, "Alternative Medicine and Medico-Historical Semantics," in *Historical Aspects of Unconventional Medicine: Approaches, Concepts, Case Studies* ed. Jütte, Motzi Eklöf and Marie C. Nelson (Sheffield: EAHMH Publications, 2001), 11–26.

when comparing the two aforementioned institutions can present potential interpretative semantic pitfalls. At the same time, the contributions contained in the tomes edited by Cooter, Bynum and Porter show us that, even in their own time, such definitions—including even seemingly unambiguous epithets like ‘quack’—and boundaries of what constituted ‘heterodoxy’ or even the ‘fringe’ of ‘orthodoxy’ were inherently flexible and could be applied differently depending on point of view or period.⁴ The terms chosen for this study as purely descriptive terms by which to identify two opposing groups of medical practitioners were deliberately selected from the examined institutions’ main players’ viewpoint, regarding what most of them—subgroups emerging within the homœopathic camp are not explicitly considered here as they are only of limited relevance to this study—understood as a clear separation between those following the homœopathic system (“homœopaths”) and those who represented the bulk of their opponents in the established medical sphere, for whom Hahnemann coined the term “allopaths”—later also referring to their practice as the “inefficient method” (“die Allopathische oder Schlendrians-Methode”).⁵ In order to

⁴ W. F. Bynum and Roy Porter, eds., *Medical Fringe & Medical Orthodoxy, 1750–1850* (London: Croom Helm, 1987) and Roger Cooter, “Alternative Medicine, Alternative Cosmology,” in *Studies in the History of Alternative Medicine*, ed. Roger Cooter (New York: St. Martin’s Press, 1988), 64.

⁵ Jütte, *Geschichte der alternativen Medizin: Von der Volksmedizin zu den unkonventionellen Therapien von heute* (Munich: C. H. Beck, 1996), 25; On Samuel Hahnemann see also: Richard Haehl, *Samuel Hahnemann: His Life and Work...*, ed. J. H. Clarke and F. J. Wheeler, transl. Marie L. Wheeler and W. H. R. Grundy,

understand the principal differences between these two factions, it is necessary to briefly examine the terms and what they referred to. ‘Homœopathy’ (“Homöopathie” in its original German) is a composite of the Greek words *ὅμοιος* (similar) and *πάθος* (suffering) and describes a system of medicine whose leitmotiv is the so-called ‘simile-principle’, *similia similibus curentur* or “let like be cured with like.” Simply put, in Hahnemann’s “rational art of healing”⁶—the supposed irrationality in all other forms of healing being implicit in his choice of words—every group of symptoms constituting a particular disease had a corresponding specific remedy that would produce the same symptoms in a healthy person (the so-called “provings”) yet cure them in their morbid state, its effect supposedly increased or “potentized” proportionally to its dilution. If homœopathy was therefore the medicine of similars, allopathy, from the Greek *ἄλλος* (other) was the opposite, provoking symptoms in the patient that bore no relation to the actual disease.⁷

Since the intricacies of the homœopathic system beyond its opposition to allopathy play only a minor role in this study, this brief description must suffice, though I refer the reader to the

2 vols (London: Homœopathic Publishing Co., 1922) and Jütte, *Samuel Hahnemann, Begründer der Homöopathie* (Munich: DTV, 2005).

⁶ Samuel Hahnemann, introduction to *Organon der rationellen Heilkunde* (Dresden: Arnoldische Buchhandlung, 1810), v.

⁷ Jütte, *Geschichte der Alternativen Medizin*, 25.

existing body of work by Rapou, Tischner, Dinges and Jütte,⁸ among others, for further details and more general histories of homœopathy's beginnings. Beyond such 'general' works, encompassing not just German aspects but introductory studies on homœopathy around the world, the Robert Bosch foundation's Institute for the History of Medicine's (IGM) on-going series of publications must also be considered as they represent the most wide-ranging studies of the practice's many facets, covering such diverse themes as patient journals; individual patients' treatment; examinations of homœopathic practitioners' and patients' networks; surveys of homœopathic clinical and academic efforts in Germany but also some more general histories of homœopathy's introduction to Switzerland, Central and Eastern Europe and the Indian sub-continent.⁹ Some of these relate to aspects tangential to the subject of this thesis and will therefore be referred to in more detail below.

⁸ Auguste Rapou, *Histoire de la doctrine médicale homœopathique...*, 2 vols. (Paris: J.-B. Baillière, 1847); Rudolf Tischner, *Geschichte der Homöopathie* (Leipzig: Schwabe, 1939); Martin Dinges, ed., *Weltgeschichte der Homöopathie: Länder, Schulen, Heilkundige* (Munich: C. H. Beck, 1996) and Jütte, *Geschichte der Alternativen Medizin*.

⁹ Institut für Geschichte der Medizin der Robert Bosch Stiftung, ed., *Quellen und Studien zur Homöopathiegeschichte*, 16 vols. (Heidelberg: K. F. Haug; Essen: KVC, 1995–2012); Samuel Hahnemann, *die Krankenjournalen*, 10 vols. (Heidelberg: K. F. Haug, 1991–2007) and *Kleine Schriften zur Homöopathiegeschichte*, 3 vols (Stuttgart: IGM, 2006–2008).

i.2 *Historiography of British and Spanish Homœopathy*

Homœopathy in Britain has mostly been studied in the context of controversy and conflict, with work focusing on the efforts of medical associations and colleges, supported by a campaigning medical press, to subdue, ostracize and even—unsuccessfully—outlaw homœopathy and its practitioners. It is likely that the growing issue of allopathic professionalization and specialization significantly aggravated allopathic reactions to the new practice. Nicholls, in his extensive study of homœopathy's relations with the established medical profession, suggests that the practice, increasingly fashionable among wealthy nineteenth-century patients, might have been perceived—at least initially—by many outside the London-based 'elite' as simply another medical specialty in which fees could be earned.¹⁰ Consequentially, those who opposed the practice saw themselves in need of protection from such competition in an already overcrowded medical marketplace.¹¹ Nicholls argues that the ensuing aggressive ostracizing of homœopaths served only to position them as 'underdogs', garnering them further public support, all the while allopathy covertly assimilated homœopathy's "remedies and lessons regarding dosage and drug proving," narrowing the gap between the two practices yet never relenting in the persecution of

¹⁰ Phillip A. Nicholls, *Homœopathy and the Medical Profession* (London: Croom Helm, 1988), 51.

¹¹ *Ibid.*, 103

homœopaths.¹² The author further argues that, by homœopathy in turn espousing allopathic developments, it made itself increasingly indistinct from allopathy and as such lost much of its initial appeal for many followers, as well as its relevance as a practice, distancing itself ever more from the principles established by Hahnemann. The problem with such a strict dialectic as Nicholls proposes is its requirement of two monolithic opponents; something the author himself admits was not the case.

Going beyond the acrimonious relations between homœopathy and the allopathic medical profession in Britain, Morrell's history of British homœopathy provides a general overview of the practice and its principal followers between 1830 and 1995.¹³ This is also summarized in Nicholls and Morrell's chapter on Britain in Dinges' *Weltgeschichte*, which includes the lay facet of British homœopathy.¹⁴ Some further articles, focusing on more specific themes such as patients, prescribing methods and individual practitioners will be examined below.

As late as 1994 Albarracín remarked on the lack of unbiased, chronological and systematic approaches to the history of Spanish

¹² Ibid., 104–105.

¹³ Peter Morrell, "British Homœopathy during two Centuries" (MPhil thesis, Staffordshire University, 1999).

¹⁴ Nicholls and Morrell, "Laienpraktiker und häretische Mediziner: Großbritannien," in Dinges, *Weltgeschichte*, 185–213.

homœopathy.¹⁵ The existing body of work consisted mainly of contributions to the history of pharmacy, with biographical accounts, examinations of the homœopaths' struggle for dispensing rights and studies of the period between 1849 and 1855, considered the years of "maximum ardour" in the anti-homœopathic fight.¹⁶ While not providing anything like a comprehensive history of Spanish homœopathy, these small-scale studies help 'flesh out' the initial period of the *Sociedad Hahnemanniana Matritense* (SHM) and hint at the discord that existed at times between Madrid's homœopaths, something further examined in this thesis relating to the two main factions' struggle for supremacy and eventual control of the homœopathic hospital. They also offer some useful biographical details of some of the men involved in the eventual development of both SHM and IHHSJ.

Alfonso provided the first general overview of Spanish homœopathy in her contribution to Dinges's *Weltgeschichte*, though this necessarily presents only a very concise summary, taking in one hundred years of history across the Iberian

¹⁵ Agustín Albarracín Teulon, "La homeopatía en España," in *Historia y Medicina en España: Homenaje al Profesor Luis S. Granjel*, coord. J. Riera Palmero (Valladolid: Junta de Castilla y León, 1994), 215–235.

¹⁶ María Teresa Alfonso Galán, "Cesario Martín Somolinos: Farmacéutico homeópata," *Bol. SEHF* 39 (1988): 167–175; María Luisa de Andrés Turrión and María José Fernández Alcalá, "El auge de la homeopatía en España (1845–1857)," *Bol. SEHF* 37 (1986): 117–134; Andrés Turrión, "Homeopatía: Años de máximo ardor en la lucha anti-homeopática, 1849–1855," *Bol. SEHF* 38 (1987): 307–318.

Peninsula in a relatively short article.¹⁷ Nevertheless she highlights two aspects that must be borne in mind in this study, namely the lack of a lay element in Spanish homœopathy—though as this thesis will show, lay involvement outside actual *practice* was both extensive and essential—and the fact that its opposing allopathic medical profession remained in deep disarray for much of the nineteenth century.¹⁸

González-Carbajal's *La Homeopatía en España*, an expanded version of her doctoral thesis, is the first comprehensive history of Spanish homœopathy, spanning the period from its first traceable mention in an 1827 medical journal, to the radical decline of all organized activity with the advent of the 1936 Spanish Civil War.¹⁹ Her study moves far beyond the confines of the Spanish capital, surveying homœopathic activity from Andalucía to Catalonia, examining the institutions and associations founded—besides the *SHM* from which the Madrid hospital would emerge—while also giving a brief introduction to the state of nineteenth-century Spanish medicine. The author's emphasis on biographical snapshots of principal characters at each stage are particularly useful to a better understanding of homœopathy's early Spanish history, as is her chapter on the disputes between homœopaths and pharmacists over dispensing rights. Her detailed examination

¹⁷ Alfonso Galán, "Homöopathie in zwei Hauptstädten: Spanien," in Dinges, *Weltgeschichte*, 225–239.

¹⁸ *Ibid.*, 225.

¹⁹ Inmaculada González-Carbajal García, *La homeopatía en España: Cien años de historia* (Seville: FEHM, 2004).

of the different ‘ideological’ currents active in nineteenth-century Spanish homœopathy, in particular those of José Nuñez and Joaquín de Hysern (1804–1883) have direct relevance to the struggle over supremacy in the *IHHSJ*’s first years.

As homœopathy’s introduction to both Spain and Britain was inextricably linked to individual practitioners who, for the most part, would also play a central role in the development of the London and Madrid homœopathic hospitals, the relative scarcity of general historical studies about the practice’s introduction to the two countries will be complemented in this thesis by some of the early history and biographical accounts of both hospitals’ founders.

i.3 *Historiography of other Homœopathic Hospitals*

The history of the ‘homœopathic hospital’—a concept already wished for by Hahnemann and described by his followers as vital for homœopathy²⁰—is again mostly focused on Germany, with contributions by Eppenich, Dinges, Faltin and Stolberg particularly standing out.

Eppenich’s survey of German homœopathic hospitals, between the opening of the first clinic in Leipzig (1833) and the end of the First World War, draws an all-encompassing panorama of the institutions that appeared and disappeared through the

²⁰ Jütte, *Geschichte der Alternativen Medizin*, 204.

nineteenth century.²¹ The book's vast scope, taking in nineteen institutions that were either outright homœopathic or had homœopaths attached to them, is necessarily limited with regards to the wider implications of the homœopathic hospital *per se*, though illustrative of both the history of the modern hospital's development since the seventeenth century and of the continuous interest and struggle to establish such institutions from an early stage.

Faltin's study of Stuttgart's *Robert-Bosch-Krankenhaus* touches on Hahnemann's own yearning for an institution in which the "pure doctrine" could be demonstrated on patients in ways to convince the medical profession and train new recruits, as well as on the role such institutions were expected to play in homœopathy's scientific expansion, the training of new practitioners and the demonstration of the practice's superior efficacy.²² The main body of this study consists of a thorough examination of one of the world's largest (with 360 beds) homœopathic hospitals' history. This encompasses its foundation in 1940, including the interaction between the hospital and its medical, social and political environment, but also an in-depth analysis of the research and treatments performed therein, ending with an examination of the

²¹ Heinz Eppenich, *Geschichte der deutschen homöopathischen Krankenhäuser; von den Anfängen bis zum Ende des Ersten Weltkriegs*, Quellen und Studien zur Homöopathiegeschichte 1 (Heidelberg: K. F. Haug, 1995).

²² Thomas Faltin, *Homöopathie in der Klinik: die Geschichte der Homöopathie am Stuttgarter Robert-Bosch-Krankenhaus von 1940 bis 1973*, Quellen und Studien zur Homöopathiegeschichte 7 (Stuttgart: K. F. Haug, 2002), 9–11.

various causes—staffing issues, changing perceptions of homœopathy’s efficacy in different departments and more wide-ranging developments beyond the institution—that contributed to the slow decline of its homœopathic activity, at first confined to a ten-bed dispensary in 1957, ceasing entirely in 1974. Despite claiming not to aim at providing a comprehensive institutional account, Faltin’s study may be considered a model for hospital history, though presumably few historians of earlier—or even contemporary—institutions will enjoy ready access to the same breadth of sources, Faltin making use of a wide range of primary material including institutional archives from a range of organizations and extensive collections of some key characters’ private documents.

Stolberg’s study of Bavarian homœopathy highlights further themes that will require attention at an international comparative level. Attempts of rooting homœopathy—with variable degrees of success—in academic and clinical circles, the ‘exploitation’ of cholera outbreaks as a force to bolster homœopathy’s curative credentials and the examination of lay and political support (and opposition) experienced by Bavarian homœopaths all find parallels in the histories of both Madrid and London’s homœopathic hospitals.²³ Both in Bavaria and Württemberg, we find the aspect of homœopathy’s acceptance by clerics, a facet that

²³ Michael Stolberg, *Geschichte der Homöopathie in Bayern (1800–1914)*, Quellen und Studien zur Homöopathiegeschichte 5 (Heidelberg: Haug, 1999), 21–31.

also re-emerges in the Madrid hospital's close connections to the Spanish Catholic Church and hierarchy, seen in the institution's founder and his selection of trustees as well as in those entrusted with nursing the hospital's patients.²⁴

The field of homœopathic hospital history is more limited beyond Germany, though some work relating to the United States and, more pertinently, to the two hospitals that figure in this thesis, does exist. Rogers's commissioned work on Philadelphia's *Hahnemann Medical College and Hospital* tells the story of one of American homœopathy's principal nineteenth-century bastions. Despite the work originally being commissioned by the institution's administration, the author deliberately rejects the traditional institutional *Festschrift* format, focussed mostly on successes and personalities, instead choosing to highlight the many problems the institution faced between its establishment in 1848 under Constantine Hering (1800–1880) and its eventual reinvention as a 'mainstream' medical college a century later.²⁵ Unfortunately, Rogers mainly concentrates her gaze on the medical college, using the hospital only so far as its history overlaps with the former but, since homœopathy's situation in the United States was very different from that in Britain or Spain—

²⁴ Stolberg, "Homöopathie und Klerus: zur Geschichte einer besonderen Beziehung," *Med. GG* 17 (1998): 131–148; Eberhard Wolff, "'...nichts weiter als eben einen unmittelbaren persönlichen Nutzen...': zur Entstehung und Ausbreitung der homöopathischen Laienbewegung," *Med. GG* 4 (1985): 65.

²⁵ Naomi Rogers, *An Alternative Path: The Making and Remaking of Hahnemann Medical College and Hospital of Philadelphia* (New Brunswick: Rutgers University Press, 1998).

having achieved widespread official recognition and its own degree-granting medical schools—it is only of limited relevance for a European-centric comparison, related mainly to some London homœopaths' later attempts to start their own medical school with the collaboration of institutions like Philadelphia's *Hahnemann College*.

i.4 *Historiography of the London and Madrid Homœopathic Hospitals*

While taking a more celebratory approach, Antón nevertheless provides a rigorously documented institutional history of the *IHHSJ*. His relatively slim volume to mark the institution's one hundred and twenty fifth anniversary in 1998 takes in the early history of Madrid's homœopaths, the hospital founder's achievements and the struggles involved in the institution's foundation.²⁶ While mostly an uncritical history, the author also provides many pointers to aspects that require more detailed examination, all the while giving a valuable insight into the wealth of hitherto mostly untapped information and primary sources available in the institution's library and archives upon which much of this thesis's research is based. Antón's private research as current secretary of the hospital foundation has also yielded many biographical details of medical staff associated with both the *SHM* and the *IHHSJ* throughout their history, making it possible to

²⁶ Félix Antón Cortés, *125 Aniversario de la Construcción del Instituto Homeopático y Hospital de San José* (Madrid: Fundación IHHSJ, 1998).

identify some of the men and women active in the hospital during its first two decades.²⁷ Alfonso also briefly touches on the Madrid hospital, though her focus is mostly trained on its later (twentieth-century) history. With regards to the earlier period, the author limits herself to acknowledging its opening in 1878, its apparent treatment of up to 15 percent of Madrid's population in its first few years and the subsequent death of its founder. González-Carbajal meanwhile presents a more extensive summary of the hospital's first decade, concentrating on the tumultuous years of discord between those in charge of the hospital and those at the helm of the *SHM*.²⁸ In all three histories of the *IHHSJ*, there is a noticeable lack of the level of detail seen in Faltin's study, particularly with regards to the clinical activity within the institution, the patients who attended and the diseases they were treated for. Given the essentially celebratory nature—and intended casual lay readership—of the first and the geographically vast scope covered by both the second and third authors, this is not surprising and further proves the need for a more detailed analysis of the Madrid hospital's work, which this thesis aims to provide through an examination of patients and diseases treated within the *IHHSJ*'s wards between its opening in 1878 and the turn of the century.

²⁷ Antón Cortés, *Recopilación de algunos de los principales homeópatas españoles relacionados con la Sociedad Hahnemanniana Matritense y con la Fundación Instituto Homeopático y Hospital de San José*, *Recopilaciones Históricas*, I/1, Arch. *IHHSJ*; "Recopilaciones Históricas" 1–7, *Recopilaciones Históricas*, I/1, Arch. *IHHSJ*.

²⁸ González-Carbajal García, *Homeopatía*, 197–212.

With regards to the *LHH*, Nicholls refers to it repeatedly as one of the many facets of homœopathy's turbulent relationship with the medical establishment.²⁹ His book also provides valuable information about the background against which people like the hospital's founder proceeded to professionalize British homœopathy, around the central structure of a society, dispensary and hospital as described in chapter 1 of this thesis.

More recently, a 2007 symposium on homœopathy and hospitals highlighted a real need for further research and more detailed histories of institutions like the London and Madrid homœopathic hospitals, particularly with regard to their 'black box status'—referring to the almost complete lack of detail on what went on inside—as well as demonstrating the prevailing interest in the history of such establishments in areas as disparate as Sweden, Mexico or Brazil.³⁰ This is not to say that the inside of the *LHH*'s wards is as complete a mystery as those of its Spanish counterpart: a project investigating three-hundred volumes of patient records, nurse ledgers and hospital board minutes dating from between 1889 and 1947—discovered in the Royal London Homœopathic Hospital's basement in 1992—resulted in a series of short articles by Leary, Lorentzon and Bosanquet regarding the hospital's patients, treatments and nurses, though—conditioned by the sources' chronological bias—mostly these focused on twentieth-

²⁹ Nicholls, *Homœopathy and the Medical Profession*.

³⁰ Dinges and Felix S. von Rechwitz, "Homeopathy and Hospitals in History (Seminar Report)," *Homœopathic Links* 21 (2008): 50–52.

century issues with only scarce details referring to years prior to 1903.³¹ Among other things, Lorentzon suggested that there seemed to be comparatively little interest in nurse education at the *LHH* before the twentieth century, an argument that this thesis disputes by examining the changing role of nurses within the institution in chapters 3 and 5.³² Nicholls also scrutinized the *LHH*'s patients, suggesting that these were unlikely to have exercised a *choice* to attend a homœopathic institution but likely indiscriminately attended any institution that offered help.³³ While such an interpretation might indeed be plausible in the case of the Madrid hospital—though as chapter 3 shows, a choice may indeed have been made, not necessarily *for* the homœopathic institution but *against* the alternatives—this thesis will show that in many cases a choice was indeed at the root of many London patients' attendance, with a large number of poor patients making

³¹ Bernard Leary, "Homœopathic Prescribing in the late 19th Century," *BJH* 83 (1994): 240–244; Maria Lorentzon, "Management of Nursing in 19th Century London, with Special Reference to the London Homœopathic Hospital," *BJH* 84 (1995): 55–61; Anna Bosanquet and Lorentzon, "Patients at the London Homœopathic Hospital, 1889–1923: Social Profiles and Clinical Characteristics," *BJH* 86 (1997): 166–172; Lorentzon, "Nurse Education at the London Homœopathic Hospital 1903–1947: Preparation for Professional Specialists or Marginalised Cinderellas?," *IHNJ* 5 (2000): 20–27 and Leary, Bosanquet and Lorentzon, "'It won't do any harm': Practice and People at the London Homœopathic Hospital, 1889–1923," in *Culture, Knowledge, and Healing: Historical Perspectives of Homœopathic Medicine in Europe and North America*, Jütte, G.B. Risse and J. Woodward, eds. (Sheffield: EAHMH Publications, 1998), 251–273.

³² Lorentzon, "Management of Nursing," 59.

³³ Nicholls, "Class, Status and Gender: Toward a Sociology of the Homœopathic Patient in Nineteenth-Century Britain," in *Patients in the History of Homœopathy*, Dinges, ed. (Sheffield: EAHMH Publications, 2002): 147.

a deliberate decision to forego other—often more conveniently located—institutions in favour of the *LHH*. Rogers, while presenting homœopathic hospitals as the “last frontier” of medical history, argues that these institutions—“messy places” by definition and necessity—must not be seen as the pinnacle of medical practice but as a locale where compromises happened, not as a betrayal of principles but as necessary choices.³⁴ This argument stands not only in diametric opposition to Nicholls’s previously mentioned interpretation but also to his more recent proposal that homœopathic hospitals’ adoption of ‘orthodox’ structures and technologies to court respectability, such as those illustrated in this thesis for the *LHH*, were tantamount to a recognition of homœopathy’s failure since they abandoned the tenets set by Hahnemann.³⁵ While to an extent the mutual *practical*—though not *theoretical*—rapprochement between British allopathy and clinical homœopathy was certainly an issue affecting the latter’s ‘alternative appeal’ from the turn of the century, I would question Nicholls’s argument that it constituted homœopathy’s defeat as this seems to presuppose a single valid form of homœopathy. As this thesis will show in its comparison between the homœopathic clinical practice in London and Madrid, European homœopathy was far from the universal monolithic

³⁴ Dinges and von Reiswitz, “Homœopathy and Hospitals,” 50.

³⁵ Nicholls, “The Dialectic of the Hospital in the History of Homoeopathy,” *Med. GG* 28 (2009): 281–302.

“theoretically finished therapeutic system,” adhering strictly to Hahnemannian rules, which Nicholls appears to describe.³⁶

i.5 ‘Professional’ and ‘Lay’ Homœopathy

Beyond Stolberg’s aforementioned study of Bavarian homœopathy, which included the theme of a structured profession, others like Jütte and Dinges take a wider outlook at the organized professionalization of homœopathy—something Hahnemann was ambivalent to.³⁷ Wolff, Staudt and Hattori meanwhile investigate the importance of laypersons in homœopathy’s early history.³⁸ These are crucial themes in both hospitals’ histories since, as this thesis sets out to demonstrate, the hospital had an important role to play in the struggle for a legitimate recognized homœopathic medical profession in both Britain and Spain while non-medical sympathizers exerted a significant influence over the foundation and development of these institutions. The German homœopaths’ “ideology of unorthodox professionalism” is particularly pertinent to this

³⁶ Ibid., 298.

³⁷ Jütte, “The Paradox of Professionalization: Homeopathy and Hydropathy as Unorthodoxy in Germany in the 19th and early 20th Century,” in Jütte, Risse and Woodward, *Historical Perspectives*, 65–88 and “Wo alles anfang: Deutschland,” in Dinges, *Weltgeschichte*, 19–47.

³⁸ Wolff, “Laienbewegung;” Dörte Staudt, “The Role of Laymen in the History of German Homœopathy,” in Jütte, Risse and Woodward, *Historical Perspectives*, 199–216 and Osamu Hattori, “Cooperation and Tensions between Homœopathic Lay Societies and Homœopathic Doctors: The Homœopathic Lay Movement in Württemberg during the Professionalisation of the Medical Profession, 1868–1921,” in Dinges, *Patients*, 259–280.

thesis.³⁹ Presenting a united front against anything—both from within and outside the allopathic medical field—that might damage homœopathy’s reputation despite the lack of a united and organized national allopathic opposition, the German situation reflects facets seen in nineteenth-century Spain, in stark contrast to the more or less rigid professional structures in place in the British medical establishment. The potential of such organizations as backers of homœopaths’ training within a “healing and teaching institution,” as seen in Germany and the United States, is also reflected in both Britain and Spain.⁴⁰ Both the *British Homœopathic Society* (BHS) in London and the SHM in Madrid, examined in this thesis, expressed similar aims in their mission statements. While Lay societies such as Württemberg’s *Hahnemannia*, whose role Hattori and Staudt examine, did not exist in Madrid and were only accorded a brief supporting role in nineteenth-century London—seemingly meeker and less interfering than their German counterpart⁴¹—lay support was nevertheless crucial for both institutions. It provided financial and political backing but also included direct involvement in the institutions’ management—on occasion causing strained relations between the hospital’s Board of Management and medical officers, something not confined to the LHH but widely present in other

³⁹ Jütte, “Paradox of Professionalisation,” 80–83.

⁴⁰ Dinges, “The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA,” in Jütte, Risse and Woodward, *Historical Perspectives*, 189.

⁴¹ Staudt, “Laymen,” 206–207.

voluntary hospitals⁴²—and even within the wards, as chapter 3 of this thesis illustrates with regards to the hospital’s ‘Ladies.’

i.6 *Charity and the Voluntary Hospital*

While the *IHHSJ* was mostly self-reliant due to its founder’s endowment, the *LHH* competed fiercely with other contemporary institutions for the philanthropic funds to remain operational. It is therefore important to be aware of the supreme importance of philanthropy and patronage for British voluntary hospitals at the time. Studies by authors like Prochaska, Porter, Woodward, Waddington, Rivett and Granshaw have shown how voluntary hospitals depended—often precariously so, considering their general lack of endowments to fall back on in times of hardship—on the goodwill of philanthropic donors, whose support could easily be lost if the institution did not fulfil expectations. At the same time, such hospitals could also be seen to satisfy a ‘need’ on the part of such philanthropists: Both Porter’s “exquisite pleasure” of charity and Waddington’s “morally approved vehicle for self-aggrandizement” are facets that can be applied to at least some of the supporters, subscribers and governors of the *LHH* as possible motives behind their support, just as Woodward’s possible opportunities for social advancement may have been present in an

⁴² Geoffrey Rivett, *The Development of the London Hospital System, 1832–1982*, King’s Fund Historical Series 4 (London: King Edward’s Hospital Fund for London, 1986), 35 and Lindsay Patricia Granshaw, *St. Mark’s Hospital London: A Social History of a Specialist Hospital*, King’s Fund Historical Series 2 (London: King Edward’s Hospital Fund for London, 1985), 47.

institution whose governors and patrons included members of highest echelons of British society.⁴³ The aforementioned “ladies” also deserve a mention here as part of Victorian women’s “acceptable” philanthropic work, a somewhat under-examined role—at least outside of the context of prison reform—studied by Prochaska and more recently by Mooney and Reinartz.⁴⁴ Both London’s and Madrid’s homœopathic hospitals counted on extremely active and seemingly ‘institutionalized’ Ladies’ associations though, as chapter 3 will show, their roles beyond the financial support of ‘their’ hospital were quite disparate.

i.7 Medical Professionalization

A large body of literature exists on the wider notion of professionalization in the nineteenth-century medical world. Freidson provides a useful springboard for the concept of a drive towards establishing a “profession”: Gentlemanly amateurishness, once the mark of the elite Physician whose university education

⁴³ Roy Porter, “The Gift Relation: Philanthropy and Provincial Hospitals in Eighteenth-Century England,” in *The Hospital in History*, ed. Granshaw and Porter (London: Routledge, 1989), 162–163; Keir Waddington, *Charity and the London Hospitals, 1850–1898*, Royal Historical Society Studies in History, New Series (Woodbridge; Rochester, N.Y.: Boydell Press, 2000), 35 and Woodward, *To do the Sick no Harm: A Study of the British Voluntary Hospital System to 1875* (London: Routledge; Kegan Paul, 1974), 122.

⁴⁴ F. K. Prochaska, *Women and Philanthropy in Nineteenth-Century England* (Oxford: Clarendon Press Oxford, 1980) and Graham Mooney and Jonathan Reinartz, eds., *Permeable Walls: Historical Perspectives on Hospital and Asylum Visiting*, The Wellcome Series in the History of Medicine, *Clio Medica* 86 (Amsterdam: Rodopi, 2009). On the role of women in homœopathy, see also Anne Taylor Kirschmann, *A Vital Force: Women in American Homeopathy* (New Brunswick: Rutgers University Press, 2004).

had a distinctly classical slant, was giving way to the need for providing a living, something no longer stigmatized.⁴⁵ With increasingly blurred boundaries between the professional remits of physicians, general practitioners and surgeons—at least outside London since the Royal Colleges could still exert some of their power within the metropolis—Waddington argues that a new definition of status was emerging, separating the “doctors who were appointed at the large voluntary hospitals” from those who were not.⁴⁶ Weatherall meanwhile shows how allopaths attempted to reclaim the sole dominion over terms like “empirical” and “rational,” effectively making up the new “scientific medicine” in which new non-conformist ideas—and those practitioners who, like homœopaths, held them—could be excluded from hospitals, medical schools and journals, effectively wiping them from the scientific arena.⁴⁷ Of course homœopathy also laid claim to the “rationality” of its medicine, arguing that their practice with its provings and the observations of minute symptoms was more scientifically sound than allopathy’s heroic treatments. This thesis examines how both the *BHS* and the *LHH* were designed by their founders to counteract this ‘exile’ from the medical arena, chapters 1 and 4 illustrating how parallel structures to those seen

⁴⁵ Eliot Freidson, *Professional Powers: A Study of the Institutionalization of Formal Knowledge* (Chicago: University of Chicago Press, 1988), 22.

⁴⁶ Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill and Macmillan, 1984), 27.

⁴⁷ Mark Weatherall, “Making Medicine Scientific: Empiricism, Rationality, and Quackery in Mid-Victorian Britain,” *Social History of Medicine* 9 (1996): 180.

in allopathy were created in an effort to strengthen homœopathy's claim to legitimate recognition.

In Spain the situation was quite different. The medical 'profession', if one can use such a word for the disparate variety of individual practitioners that existed for most of the early nineteenth century, was anything but united.⁴⁸ As authors like Albarracín, López and Comenge show, Spanish allopathic medicine was indeed in a state of disarray: While a central system of education was implemented by the government in 1857, the medical profession still failed to unite until 1902.⁴⁹ Spanish homœopathy therefore remained relatively unchallenged through most of the nineteenth century, other than by the allopathic medical press and individual campaigners, giving the professional and educational structures adopted by both Spanish and British homœopaths very different backgrounds. This thesis will examine if and how such differences affected such structures.

⁴⁸ For further details of early 19th Century Spanish medicine, see also Hedwig Herold-Schmidt, *Gesundheit und Parlamentarismus in Spanien: die Politik der Cortes und die öffentliche Gesundheitsfürsorge in der Restaurationszeit (1876-1923)* (Husum: Mathiesen Verlag, 1999).

⁴⁹ Agustín Albarracín Teulon, "Las asociaciones médicas en España durante el siglo XIX," *Cuadernos de Historia de la Medicina Española* 10 (1971): 119–186; José María López Piñero, "Las ciencias médicas en la España del siglo XIX," in *La ciencia en la España del siglo XIX*, ed. José María López Piñero, (Madrid: Marcial Pons, 1992) and Luis Comenge y Ferrer, *La medicina en el siglo XIX: Apuntes para la historia de la cultura médica en España* (Barcelona: Espasa, 1914).

i.8 Sources

In order to examine the various facets involved in a comparative history of the *LHH* and the *IHHSJ* a variety of sources, highlighting different aspects of both institutions, were consulted. In any historical investigation dealing with nineteenth-century institutions, the availability of contemporary primary material can be a thorny issue and this is unfortunately no exception. While the two hospitals were chosen for the relative abundance of information still available, both have had most of their records lost or disposed of over the last century. Additionally, the lack of an institutional archive—or a historical interest and awareness—over long periods of time has resulted in most material remaining un-catalogued, requiring a more in-depth approach to both archives and library collections in order to identify relevant material. For the *LHH*, a vast number of patient and administrative records dating from 1889 onwards were transferred some years ago to the London Metropolitan Archives, though the essential conservation work required on these mostly extensively damaged volumes resulted in only some being recently made accessible for this study, though the majority remains un-catalogued. With the support of the *Friends* and librarian of the Hospital, it was possible to unearth further volumes, contemporary periodicals, institutional publications, privately printed memoirs and documents in the *LHH*'s basement, as well as among the *British Homœopathic Association's* (*BHA*) collection in Luton. With the

available material, a near-complete timeline of the hospital's history can be assembled through manuscript minutes of meetings, printed reports and published summaries, from the first annual meeting of subscribers and governors in April 1850 to the turn of the century. Crucially, it was possible to obtain a representative sample of statistical patient data from annually issued returns, showing the movements of patients in the hospital wards as well as the pathologies that were treated, together with the final outcomes as noted by the medical officers in charge. While this provides less detail than the medical case notes investigated by Leary for the last years of the nineteenth century, it nevertheless allows a general picture to be built up, illustrating the activity within the hospital's wards which will be examined in detail in chapter 3. The most important source of information to examine the hospital's early history is the manuscript book of minutes of annual general and special meetings held by the governors and subscribers of the institution, which spans the period between the hospital's foundation in 1850 to 1945, only three years short of its incorporation to the National Health Service.⁵⁰ At these meetings, the Board of Management presented their annual reports, decisions on major issues affecting the hospital were taken and the year's Board members and medical officers were elected. This was complemented by the annual reports issued to each subscriber. Unfortunately few of these

⁵⁰ *Minutes* 1.

complete reports have been found, kept as loose inserts in books and among other papers. It is likely that the hospital's management would have kept copies of these reports—indeed in 1991 a complete set of annual reports appears to have been extant⁵¹—though no trace of them remains. Therefore, in many cases it was only possible to piece together the necessary information from summaries published in a variety of contemporary homœopathic and allopathic journals and publications found in the hospital's own remaining collection, the BHA library (Luton), the British Library (London), the Bodleian Library (Oxford), the Wellcome Library (London) and selected other collections in addition to the aforementioned manuscript minutes.⁵² Biographical information about the hospital's founder Dr. Frederick Quin was compiled from his trustee Edward Hamilton's (1824–1899) memoir, from correspondence located in the Royal Archives (Windsor) as well as from a variety of contemporary periodical articles and press notices.⁵³ Due to the potential bias of such material, it has been attempted to verify information through other sources where possible, using

⁵¹ Barbara L. Craig, "A Guide to Historical Records in Hospitals in London, England and Ontario, Canada, c. 1800–c. 1950, Part 2," *Canadian Bulletin of Medical History* 9 (1992): 71–141.

⁵² Few complete 'runs' of homœopathic periodicals could be located in any given repository, it often being necessary to use a number of libraries and collections to complete the run of one particular publication. The complete list of contemporary homœopathic journals consulted, as well as more detailed bibliographical information about them, can be found in Appendix D.

⁵³ Edward Hamilton, *A Memoir of F. H. F. Quin* (London: Privately Printed, 1879) and Quin MSS.

memoirs, correspondence and articles by and about some of Quin's contemporaries like Thomas Uwins (1782–1857) or Marguerite Gardner, Countess of Blessington (1789–1849).⁵⁴

The *IHHSJ*'s archival holdings have only recently been subjected to an initial cataloguing after the institution was declared a listed building and the ensuing years of restoration works made it necessary to transfer all contents from the hospital building to the adjacent mansion (built by the founder's brother in 1886 and belonging to the foundation since 1892), allowing books and papers to be systematically sorted and initially catalogued for the first time.⁵⁵ While much material dating from the hospital's early decades remains, a considerable amount appears to have been lost, anecdotal evidence suggesting that a vast quantity of papers was destroyed during the building's occupation during the Spanish Civil War and in the subsequent decades when it functioned as a care home for the elderly, before being vacated and all activity transferred to the adjacent building. Nevertheless, the foundation's recent efforts have allowed the library collection to be rebuilt and catalogued so that, despite its small size, it is now

⁵⁴ Sarah Uwins, *A Memoir of Thomas Uwins, R.A.*, 3 vols. (London: Longman, Brown, Green, Longman & Roberts, 1856) and R. R. Madden, *The Literary Life and Correspondence of Countess Blessington*, 2nd ed., 2 vols. (London: T. C. Newby, 1855).

⁵⁵ Isabel Díaz Ménguez, *Catálogo de la Biblioteca del Instituto y Hospital de San José*, Investigaciones Bibliográficas sobre Autores Españoles (Madrid: Fundación Universitaria Española, 2008) and Ana Isabel Ortiz García and Ángel Prieto Martínez, *Catálogo de la Fundación Instituto Homeopático y Hospital de San José* (Unpublished catalogue: Fundación IHHSJ, 2012).

among the most complete historical collections on Spanish homœopathy in the world. The sources used for the study of the hospital's history (**chapter 2**) and its activities (**chapters 3 and 4**) have included manuscript statistical returns, accounts, letters and personnel files dating from the hospital's first years (after 1878), as well as certified typescript copies of the hospital trustees' minute books found in the foundation's archives. Complete runs of Madrid's homœopathic periodicals published throughout the nineteenth century, found in the institution's library, were also used together with more wide-ranging medical publications and popular newspapers located in the *Biblioteca Nacional* (Madrid), the Municipal Newspaper Library (Madrid), the Royal National Academy of Medicine's library (Madrid) as well as the historical libraries of the "Complutense" University (Madrid), the University of Seville and their respective medical faculties. Additional biographical details of the founder and some other Spanish homœopaths involved with the institution were also located in the Royal Archives and Library (Madrid) and in the National Military Archives (Segovia), while the *IHHSJ*'s own archives contain copies of documents from further otherwise inaccessible institutional and private collections.

Finally, where a statistical analysis was made of pathologies seen in both hospitals, contemporary medical dictionaries were used to

classify these according to the “Bertillon” system of disease classifications, detailed further in chapter 5.⁵⁶

i.9 *Structure of the Thesis’s Chapters*

This thesis is structured in five chapters, which examine the different aspects of both the London and Madrid institutions. **Chapters 1 and 2** present an introduction to the biographies of the two hospitals’ principal founders, Dr. Frederick Quin for London and Dr. José Nuñez for Madrid, to examine their first contacts with homœopathy and their efforts to bring the practice to their respective country. In each chapter, the biographical examination is followed by a chronological history of the organizations founded by these men in an attempt to institutionalize homœopathy and make the foundation of a hospital possible. Finally, the hospitals’ foundation and initial development are examined, to highlight the principal similarities and differences between these two homœopathic institutions.

Chapter 3 takes a closer look at both hospitals to examine who the people inside these institutions were: the staff and ‘official’ visitors of both hospitals are investigated in more detail, to understand what their role within such institutions was and how these hospitals—and in the case of the *IHHSJ* its associated institute—were run. The chapter also takes a first look at

⁵⁶ All contemporary reference books used for the statistical evaluation of patients’ pathologies in both hospitals are listed in the ‘tertiary sources’ section of the *Bibliography*.

homœopathic hospital patients through statistical analysis of inpatient and outpatient numbers, to provide answers not only to the question how ‘accepted’ these hospitals were in their local community but also to give a clearer understanding of who the patients were and what their possible motivation in attending a homœopathic institution was.

Chapter 4 consists of a closer analysis of the inpatients that populated the two hospitals’ wards, by means of an examination of diseases that were treated there. Through statistical returns of inpatients, their pathologies and their treatment outcomes, a more detailed image emerges of what was done inside these institutions, to test the accusation often levelled at homœopathic hospitals—in the nineteenth century and beyond—of treating only mild or imaginary diseases and thereby undeservedly achieving a considerably lower mortality rate than that seen in their allopathic contemporaries. The chapter also contains a closer look at those diseases that feature most prominently in the patient returns, placing them in their historical and geographical context, to understand whether what was treated in these two homœopathic hospitals was truly representative of the diseases afflicting their target populations—the sick poor—in nineteenth-century London and Madrid. Finally, the chapter concludes with a brief look at the concept of ‘homœopathic surgery’, examining what operations were performed in these two institutions to understand what the sometimes-conflicting relationship between

homœopathic physic and surgery was and how this differed between the *LHH* and the *IHHSJ*.

Chapter 5 examines the role these hospitals played in providing a basis for homœopathic activities beyond the clinical realm. Both hospitals were founded with the expressed intention of providing, among other things, training to new ‘recruits’. The different—sometimes structured, sometimes informal—ways in which such medical education was provided is analysed in both hospitals. The *LHH*’s particular interest in ‘homœopathic’ nurses is also investigated through a brief study of the progressive change from a relatively unstructured system of ward nursing under the auspices of a housekeeper to the eventual establishment of a dedicated nursing institute with its own superintendent. Other activities associated with the homœopathic hospital, its staff and its supporting associations are also examined. These included the publication of periodicals and books, the provision of libraries as well as facilitating a central nexus for local, national and even international homœopathic networks. The sum of these extra-clinical activities illustrates how homœopathic hospitals were crucial in the effort to establish professional, legitimate structures, often parallel to those seen in the allopathic medical world, to support practitioners in their ongoing struggle for the recognition they craved.



Chapter 1

The London Homœopathic Hospital: Precedents, Foundation and Early History, 1833–1898

While the London Homœopathic Hospital is the main focus of interest for this chapter, this should not be understood as implying that homœopathy was unknown or unrepresented in the English metropolis before the hospital's foundation in 1849. The following pages examine some of these 'homœopathic precedents' in the metropolis between 1835 and 1849.

1.1 *London's 'Homœopathic Precedents' before 1849*

The London Homœopathic Hospital's founder, Dr. Frederick Hervey Foster Quin (1799–1878), who will be examined in more detail below, is often described as the first man to bring homœopathy to the British Isles. This common assumption is probably partially based on his own regular assertion that, upon returning to British shores for the first time as a practicing homœopath, he found himself "quite alone" in the face of his

allopathic adversaries.⁵⁷ Quin was without question one of the most important and active figures in the history of British homœopathy and it is doubtful that the practice would ever have had the impact and gained the foothold it did without his exertions. While it is true that he was indeed one of the first to exercise a reputed private homœopathic practice in London, the accolade of ‘pioneer’ must be shared with others: both medical and lay figures like Dr. Francesco Romani (1785–1852), Dr. Johannes Ernst Stapf (1788–1860), Dr. Giuseppe Belluomini (1776–1854), Dr. David Uwins (1780–1837) and most importantly William Leaf (1791–1874) and Dr. Paul Curie (1799–1853) all form part of the ‘British’—their own nationalities notwithstanding—homœopathic avant-garde, passing through England or treating some of their patients homœopathically and thus preparing the ground and calling attention to this ‘continental’ innovation between 1835 and 1849.⁵⁸ In this section, some of the most important homœopathic precedents contributing, directly or indirectly, to making the establishment of the London Homœopathic Hospital a reality will be examined.

⁵⁷ Quin, “Address of the President Dr. Quin at the First Annual Meeting 25, 26, 27, 28 August 1856,” *Annals BHS* 1 (1860): 3.

⁵⁸ William Leaf is easily confused with his son William Ladler Leaf (1822–1871) and his grandson William Bradbury Leaf (1848–1918). For concise biographies of early homœopaths, see also Thomas Lindsley Bradford, *Pioneers of Homœopathy* (Philadelphia: Boericke & Tafel, 1897); Fritz D. Schroers, *Lexikon deutschsprachiger Homöopathen* (Stuttgart: K. F. Haug, 2006) and Alberto Lodispoto, *Storia della Omeopatia in Italia: Storia antica di una terapia moderna* (Rome: Edizioni Mediterranee, 1987).

1.1.1 *Homœopathy's circuitous route to Britain, 1833–1837*

A prominent feature of British homœopathy's establishment strategy, which will be examined in more detail later, was the imposition of a strict monopoly over homœopathic practice for medically qualified professionals. Taking this into account, it is ironic that the man who exerted the most direct influence over the final leg of homœopathy's circuitous 'Grand Tour'—from the German duchy of Anhalt-Köthen, passing through Italy and France, to the British Isles—should be neither a physician nor a surgeon but a lay enthusiast inspired by personal experience: William Leaf, reputed to have been one of the City of London's wealthiest businessmen, had his first encounter with homœopathy at the hands of yet another layman, the Lyonnais silk merchant, *Saint-Simonien*—and later co-founder of the *Crédit Lyonnais*—François Barthélémy Arlès-Dufour (1797–1872).⁵⁹ The

⁵⁹ The 1841 census return for Leaf's house on Streatham Common shows Leaf at the head of a household with seven dependent family members, two persons "of independent means" and fifteen servants: Great Britain Census Office, *England and Wales Census 1841*, HO107/1068 bk. 3 f. 39 p. 6, TNA; Olivier Faure, "Eine zweite Heimat für die Homöopathie: Frankreich," in Dinges, *Weltgeschichte*, 50; *Saint-Simonism*, a movement founded by Claude-Henri de Rouvroy, Comte de Saint Simon (1760–1825), aspired to wide-ranging political and social reforms in early nineteenth-century France, taking on a quasi-religious quality for its followers. It can be summarized as advocating science as the most effective means of regenerating society while ensuring the best possible conditions for those classes that own nothing but their ability to work. As a result, homœopathy fitted well within the ideals of Saint-Simon's followers, as a scientifically rational and systematic medicine that was easily accessible to even the poorest in society. For Arlès-Dufour's involvement in this movement, see Lucien Jeanmichel, *Arlès-Dufour: Un Saint-Simonien à Lyon* (Lyon: Éditions Lyonnaises d'Art et d'Histoire, 1993). For his later involvement in banking together with Henri Germain (1824 – 1905) see Jean Bouvier, *Le Crédit Lyonnais*

latter was a firm believer in free trade and a great admirer of English manufacture in particular, with extensive business dealings with English merchants, including *Leaf Jones & Co* of 39, Old Change, London.⁶⁰ In the early 1830s, Arlès-Dufour used his influence over Lyon's chamber of commerce to organize an exhibition of foreign textile manufacturers' products, in the process of which a personal meeting between him and Leaf resulted in a life-long friendship.⁶¹ The 44-year-old William Leaf was by this time long-suffering from a chronic illness (Hahnemann's patient journals reveal that Leaf, described as a choleric man, was treated for exanthema on his nose and chronic digestive complications)⁶² from which he had failed to obtain any relief through conventional medicine.⁶³ Arlès-Dufour himself had been a patient of Hahnemann's, subsequently becoming a lifelong devoted follower of the homœopathic method and even serving as treasurer to the Franco-Swiss *Société Homœopathique Gallicane* in 1833, under the presidency of Hahnemann's disciple Count Sébastien Gaétan Salvador Maxime Des Guidi (1769–1863).⁶⁴ He

de 1863 à 1882; *Les années de formation d'une banque de dépôts* (Paris: Imprimerie Nationale, 1961).

⁶⁰ Jacques Canton-Debat, "Un homme d'affaires Lyonnais: Arlès-Dufour (1797–1872)" (PhD diss., Université Lumière Lyon 2, 2000), 76–77.

⁶¹ Arlès-Dufour's family are likely to have been regular visitors to Leaf's home as his son Gustave appears listed there as a 'visitor' in the 1861 census, together with his wife: Great Britain Census Office, *England and Wales Census 1861*, RG9/376 fol. 55 p. 26, TNA.

⁶² *Frz. Krankenjournal*, DF 4, 120.

⁶³ Bradford, *Pioneers*, 423.

⁶⁴ "Société Homœopathique Gallicane: Session de 1833," *Bibliothèque Homœopathique* 5, no. 2 (1833): 331; The *Société Homœopathique Gallicane* had

entreated Leaf to try homœopathic remedies, supposedly prescribing them himself, with the effect apparently being “so remarkable that Leaf was encouraged to continue the treatment” on his own accord.⁶⁵ Leaf went straight to Hahnemann, who had recently resettled in Paris, placing himself under his care. Bradford’s account claims that Leaf swiftly and completely recovered following this meeting,⁶⁶ though Hahnemann’s own case notes reveal that treatment continued until at least March 1837, by which time he merely remarked that the symptoms were finally “much better.”⁶⁷ Even though the immediate cure seems to therefore have been apocryphal, the benefit derived must have impressed Leaf sufficiently to become a lifelong generous supporter of the doctrine, as well as a lifelong friend and admirer

been founded in 1832 by Dr. Pierre Dufresne (1786–1836) with other Swiss and French homœopaths in Geneva, though it only lasted until 1836. A later society with the same name was founded in Paris in 1850 under Dr. Antoine Pétriz (1781–1859). See Alexander Erlach, *Die Geschichte der Homöopathie in der Schweiz 1827–1971, Quellen und Studien zur Homöopathieggeschichte* 12 (Stuttgart: Karl F. Haug, 2009), 121–122. On Des Guidi, see also J. Baur, ed., *Les Manuscrits du Docteur Comte Sébastien Des Guidi, Contribution à l’histoire du développement de l’homéopathie en France, Deuxième Partie, Doctrine et Techniques de l’homéopathie dans ses débuts* (Geneva: Médecine et Hygiène, 1985).

⁶⁵ Bradford, *Pioneers*, 423.

⁶⁶ Ibid.

⁶⁷ *Frz. Krankenjournal*, DF 4, 120–121.

Dinges points out that such tales of “instant cures,” ‘ideally’ after long periods of helpless suffering, even longer travels to see the ‘father’ of homœopathy and the inevitable ensuing “conversion,” were common and contributed substantially to the expansion of homœopathy through the patients’ personal and professional international networks, though as can be seen in this case many were probably exaggerated: Dinges, “Die Internationalität der Homöopathie: Von den persönlichen Netzwerken der Gründergeneration zum weltweiten Boom einer Therapie in der Postmoderne,” in *Dinges Weltgeschichte*, 386.

of its founder.⁶⁸ Not content with enjoying the benefits of homœopathy for himself, Leaf was keen to introduce the practice into England, driven by a—possibly somewhat naïve—altruistic conviction that both laymen and doctors would welcome and derive great benefit from Hahnemann’s knowledge. Once again, his friend Arlès-Dufour was instrumental in helping this latest plan come to fruition: he introduced Leaf to a young doctor considered one of Hahnemann’s most capable French disciples, fellow *Saint-Simonien* Paul Curie (Figure 1.1).⁶⁹

Curie himself had first encountered homœopathy in 1823, while studying medicine in Paris, but had dismissed it as “ridiculous” and “absurd.”⁷⁰ Indeed, considering his 1824 doctoral dissertation on the benefits of well-applied venesection in inflammatory disease—anathema to homœopaths—was “a veritable apology of humoral pathology, tinted with Broussaism,” unsurprising considering his apparent admiration for his teacher François

⁶⁸ Bradford, *Pioneers*, 424; While no actual evidence could be found for the friendship during Hahnemann’s lifetime, a close relationship between Leaf and Hahnemann’s family must have existed, judging by a manuscript copy of a letter regarding Leaf’s plans to take Hahnemann’s grandson Leopold Süss-Hahnemann (1826–1914) to England in order to complete his studies: Melanie Hahnemann to William Leaf, 15 July 1850 (copy), in *Frz. Krankenjournal*, DF 17, 448.

⁶⁹ Paul Curie was the father of Eugène (1827–1910) and grandfather of Pierre (1859–1906), who married Marie Skłodowska (1867–1934), with whom he was awarded the 1903 joint Nobel Prize for Physics with Henri Becquerel (1852 – 1908) in recognition of their discovery of radioactivity. Apart from the biographical entry in Bradford’s *Pioneers*, a summary of Paul Curie’s life can be found in Edith Dietemann, “Documents sur l’histoire de l’homéopathie: trois biographies exemplaires: Théodore Boeckel, Paul Curie, Pierre-Paul Jaenger” (MD diss., Université Louis Pasteur Strasbourg, 1972).

⁷⁰ Curie, *Principles of Homœopathy* (London: Thomas Hurst, 1837), 22.



Figure 1.1: Paul François Étienne Gustave Curie (1799–1853) in 1843.
Courtesy of the Wellcome Library, London.

Joseph Victor Broussais (1772–1838), his later conversion to homœopathy seems all the more unpredictable.⁷¹

His re-acquaintance with the practice in 1832 at the hands of one of French homœopathy's doyens, fellow *Saint-Simonien* Léon François Adolphe Simon (1798–1867), whose judgement he greatly respected, made him take more notice.⁷² In fact, his conversion was truly damascene: the same year, he removed to Paris to improve his knowledge, set up a homœopathic practice, join the new *Institut Homœopathique de Paris*, and eventually publish the *Journal de la Médecine Homœopathique* with Simon.⁷³ By 1835, when Leaf was casting around for someone suitable to help him

⁷¹ Curie, "Essai sur les évacuations sanguines dans les maladies inflammatoires" (Med. thesis, Paris, 1824); Dietemann, "Trois biographies," 17.

⁷² Bradford, *Pioneers*, 217.

⁷³ Haehl, *Hahnemann*, vol. 1, 230.

introduce homœopathy to England, Curie was therefore already an established and well-respected figure in Parisian homœopathic circles. As a direct disciple of Hahnemann's and trustworthy fellow *Saint-Simonien*, he was also an obvious choice for Arlès-Dufour to recommend.

Additionally, Curie and Leaf shared links to the world of textile manufacture since Curie was married to Augustine Hofer (1805–1883), daughter of one of Mulhouse's industrialists.⁷⁴ When Leaf applied to Curie to consider taking up the challenge of transferring his homœopathic knowledge and practice from the French to the British capital, he encountered one major stumbling block: while uprooting Curie and his young family was apparently not seen as an impediment, the doctor regrettably spoke no English.⁷⁵ Clearly

⁷⁴ Louis Abel and Jean-Michel Boehler, *Maisons, villages et villes d'Alsace du sud* (Strasbourg: Société Savante d'Alsace; Maisons Paysannes l'Alsace; Les Amis de l'Écomusée, 1994), 282.

⁷⁵ Unlike many of the travelling homœopathic 'pioneers,' Curie had a family, his son Eugène barely ten years old at the time of his departure for Britain. It is unclear whether Curie's wife and son accompanied him, as no documentary evidence could be found of either until 5th August 1852 when Eugène Curie finished his own medical education in Paris with a dissertation on the use of physiology in medicine: Eugène Curie, *De la physiologie en médecine* (Med. thesis, Paris, 1852). He must have retained some links to his father though as he himself practised homœopathically. While he seemingly published little (the BnF holds only three titles: a pathogenesis of copper, a treatise on the use of poisonous mushrooms in medicine and one on the properties of certain carnivorous plants), he started working as private preparator for his cousin Georges Duvernoy (1777–1855) and zoologist Louis Gratiolet (1815–1865) in the Natural History Museum's laboratories, took up homœopathic practice afterwards and eventually, after angering his *bourgeois* customers by voluntarily treating the injured of a nearby barricade during the 1871 *Commune*, removed to the outskirts of Paris as paediatric medical inspector. He eventually played an important role in Marie Curie's life, delivering her daughter Irène and

not a man to be discouraged by such obstacles, Leaf ensured that this situation was remedied and in 1837 Curie was brought to London to begin the homœopathic proselytizing.⁷⁶

1.1.2 **Curie's Homœopathic Institutions in London, 1837–1853**

Leaf installed Curie at 21 Finsbury Circus, where the first *London Homœopathic Dispensary* was opened before the year was out, though not before Curie, hitherto unknown to both the British public and medical profession, set out his metaphorical stall and brass plaque by publishing *Principles of Homœopathy*, soon followed by *Practice of Homœopathy*.⁷⁷ His enthusiasm and optimism for the task at hand was palpable: in a letter to his *Saint-Simonien* friend and mentor Barthélémy Enfantin (1796–1864), Curie recounted how with Leaf's support he had started to provide homœopathic care to the most disadvantaged Londoners and wrote of his certainty of further progress: "from the poor class, I will surely reach the wealthy."⁷⁸ If there was ever any doubt that Curie and Leaf aimed to bring homœopathy to the masses rather than limiting themselves to educating the medical profession, it

supporting the young couple during Marie's studies as one of only two women working towards a doctorate in France at the time: Dietemann, "Trois Biographies," 19; King-Thom Chung, *Women pioneers in medical research: biographies of 25 outstanding scientists* (Jefferson: McFarland, 2010), 64.

⁷⁶ Bradford, *Pioneers*, 218.

⁷⁷ Curie, *Principles and Practice of Homœopathy* (London: J.-B. Baillière, 1838).

⁷⁸ Paul Curie to Barthélémy Enfantin, 20 June 1838, Fonds Enfantin, 7627/18, BnF; also cited in Paul Leuillot, "Socialisme et religion en Alsace dans la première moitié du XIX^e siècle: le docteur Paul Curie à Mulhouse," *Archives des Sciences Sociales des Religions* 10 (1960): 29.

was dispelled by the publication of *Domestic Homœopathy* the following year, written as a homœopathic self-help manual.⁷⁹ An intriguing aspect to this series of publications is Curie's apparent and very sudden fluency in the English language, acquired in only two years and supposedly to a level sufficient to write complex tomes on a new medical doctrine. It must be assumed that he had at least some assistance, possibly even from Leaf himself who, after all, was later known to take up the pen under pseudonym when the occasion called for it.⁸⁰

By 1839 Curie's home in Finsbury Circus, which doubled as the dispensary, had been outgrown by the demand of his services and he was forced to move to larger premises in nearby Ely Place. According to Curie, more than two thousand poor patients had been cured in the first two years of the dispensary's existence, being received there six mornings a week.⁸¹ Leaf continued to bankroll the institution, though a wider base of support from charitable subscribers was also sought. These received the right to have designated patients on the dispensary's books. Far from resting on their—admittedly still modest—laurels, Curie and Leaf made no secret of their ultimate goal: collecting sufficient funds from subscribers and donors to establish a self-supporting “homœopathic hospital” where inpatients could also be received,

⁷⁹ Curie, *Domestic Homœopathy* (London: Thomas Hurst, 1839).

⁸⁰ A Non-Medical Homœopath [William Leaf], *Homœopathy explained and objections answered*, 3rd Thousand (London: Thomas Hurst, 1841).

⁸¹ “The London Homœopathic Dispensary, No. 31, Ely Place, Holborn,” *Ann. Hom. Disp.* 1 (1840): 12.

something impossible within the limited facilities of the dispensary.⁸²

The *London Homœopathic Dispensary*'s first report, published in 1840, portrayed an institution whose majority of patients suffered from "chronic maladies, and most of them reckoned incurable by the old mode of treatment," though Curie was optimistic that homœopathy could achieve "ultimate success" in even such apparently hopeless cases, his belief buoyed by the ameliorations observed in those who underwent his treatment.⁸³ According to the report, the cases treated between 1st October and 30th November 1839 were for the most part chronic affections of the chest—predominantly chronic bronchitis—which were unsurprisingly widespread considering the combination of poor housing, winter temperatures and the notoriously poor air quality in 19th century London.⁸⁴ Also present were diseases of the digestive organs and of the skin, the latter mostly "mercurial affections" (probably secondary and tertiary syphilis) and "scrofulous diseases."⁸⁵ Most such cases would have been commonplace in any London dispensary catering for the poor, though one case stood out as having apparently surprised even him: an eighteen-year-old weaver, suffering from "Phthisis in the

⁸² Ibid.

⁸³ Ibid.

⁸⁴ "Report of the London Homœopathic Dispensary," *Ann. Hom. Disp.* 1 (1840): 3; A contextual overview of the most common diseases treated homœopathically in London is given in a later chapter (see 4.4).

⁸⁵ Ibid., 7–8.

third stage,” received a fatal prognosis due to his occupation and the inevitable “exposure to cold and want” that would forcibly counteract any attempted treatment, yet he soon showed “gradual improvement, notwithstanding the bad weather.”⁸⁶ Similarly, a thirty-two-year-old woman with a “scirrhus of the left mamma,” previously pronounced incurable “except by the knife,” saw her tumour disappear, with “only a slight thickening of the skin” remaining in its place.⁸⁷ While retrospective diagnosis is a dangerous territory and should be avoided at all cost, particularly in a study whose aims do not include the redemption or condemnation of homœopathic medicine, it can be suggested that neither patient might have truly suffered the condition they were diagnosed with. However it is more important here to consider that both cases were reported to have been given up as hopeless by allopathic physicians, suggesting that—if the report is to be trusted, something for which no obvious impediments have been found—Curie had at least more luck or skill in his art than the practitioners these patients had been under before.

In 1842 Curie once again wrote to Enfantin, ecstatically informing him of the impending opening of a “London Homœopathic Hospital” under his direction after which, he believed, the allopaths would “find it impossible to deny the facts and to keep

⁸⁶ Ibid., 3.

⁸⁷ Ibid., 4; the relative merits of surgery versus internal remedies, particularly with regards to tumours, would captivate homœopaths in both London and Madrid throughout the nineteenth century (see 4.5).

the public in the dark.”⁸⁸ It is clear that Curie expected great accomplishments to be reached in this establishment but also that he hoped to secure his own position at the apex of British homœopathy:

The establishment ... will serve as a base for the regeneration of science. ... I will find myself at the helm of a hospital that will allow me to train men, all the while being useful to the most numerous and suffering class⁸⁹

While Curie did indeed give up the dispensary in Ely Place and moved to larger premises in Hanover Square, where Leaf furnished a house for the purpose, it was a smaller step than the anticipated hospital and the premises were duly opened under the name *London Homœopathic Institution*. As Leaf continued to provide most of the institution’s funds, his ultimate goal at this point seems to have been to find a way of making the institution entirely self-sufficient. Considering Curie’s professed interest in helping the poorest, the new rules governing admission seem somewhat perplexing, the proposed fees being more than a poor Londoner could ordinarily afford—certainly in one lump payment—but they bolstered the power of admission for the growing number of subscribers, whose role thereby became more than just vestigial:

Patients were received into the house on the order of a governor, or on the payment of 3l 15s per month. Out-patients

⁸⁸ Leuillot, “Socialisme et religion,” 30.

⁸⁹ Ibid.

were either nominated by a guinea subscriber, or paid one guinea per annum.⁹⁰

The institution also allowed Curie to concentrate on his other great ambition: to pass the knowledge he had acquired from Hahnemann on to others. Between 1843 and 1845, assisted by his first pupils Dr. John Ozanne (1816–1864) and William Headland (1807–1860), lectures were regularly held as part of a “London Homœopathic School.”⁹¹ Some of the lectures proved so popular that they were apparently compiled and used as the basis for a later textbook employed in the United States at the Homœopathic College of Pennsylvania.⁹²

An earnest attempt was made in 1847 to turn the Hanover Square institution into the first real London homœopathic hospital but it failed, reputedly because some of Curie’s most ardent supporters insisted on giving him a position of precedence above other practitioners, leading to arguments amongst the institution’s supporters and the plan not coming to fruition.⁹³ This small but crucial stumbling block meant that, technically and despite all the work and undeniable successes Curie had attained in his years of practice in London, the achievement of having founded the first

⁹⁰ Bradford, *Pioneers*, 219; the monthly fee was approximately equivalent to eighteen days’ of a skilled craftsman’s wages at the time.

⁹¹ *Ibid.*

⁹² *Ibid.*; Founded in 1848, this would eventually become the Hahnemann Medical College and Hospital, one of the largest homœopathic institutions of the nineteenth century: See Bradford, *History of the Homœopathic Medical College of Pennsylvania*; *The Hahnemann Medical College and Hospital of Philadelphia* (Philadelphia: Boericke & Tafel, 1898) and Rogers, *Alternative Paths*.

⁹³ Bradford, *Pioneers*, 220

English homœopathic *hospital* eluded him by only a hair's breadth. Dr. Quin's 'rival' institution, the *London Homœopathic Hospital* was founded in 1849, only months before Curie would achieve a similar feat with the *Hahnemann Hospital* in Bloomsbury Square. In the 1853 *London Homœopathic Directory* we can find a snapshot of the hospital's first years of existence: 452 inpatients were received, of whom 240 were dismissed "cured" and 146 "improved," while 7201 outpatients were treated, approximately half of them successfully. Overall only 52 deaths were recorded for the entire period.⁹⁴ A 53% cure rate, to which 32% of "improved" patients could be added was certainly a positive first result for any institution at the time and can be compared with the results achieved by Quin's hospital, not to mention those obtained in London's allopathic hospitals at the time.⁹⁵

Unfortunately, Paul Curie was not able to advance his ambitious project further: in 1853, he caught typhus from a hospital patient and succumbed to the disease on the 5th October of that year, the *Hahnemann Hospital*, so closely linked to his person, not surviving him for much longer.⁹⁶ Despite all disagreements and

⁹⁴ George, ed., *The British and Foreign Homœopathic Medical Directory and Record* (London: Aylott & Co., 1853), 38–40.

⁹⁵ A statistical examination of homœopathic hospital results, also in comparison with results obtained in similar or contemporary allopathic hospitals, is undertaken in **Chapter 4**; for an overview of the state of some of contemporary allopathic institutions in London and beyond, including diseases and death rates—and ways in which these were altered to suit the institution's image—see also John Woodward, *To do the sick no harm*, 139.

⁹⁶ Bradford, *Pioneers*, 224.

polarizations that Curie provoked, quite possibly unwittingly, among the London homœopaths, he remained until his death for many “after Quin, the most distinguished Homœopath.”⁹⁷

Before now turning the spotlight onto the man in pole position and the *London Homœopathic Hospital*, it must be mentioned that there were of course many other homœopathic dispensaries springing up in England around the time, some of which—misleadingly—even called ‘hospital’ despite not having the required facilities. The 1853 directory listed no less than twelve homœopathic dispensaries in London alone.⁹⁸ Judging purely by their published numbers of patients and cases, none of these metropolitan establishments could however claim the success of either Curie’s or Quin’s establishments and so can be relegated to a mere footnote in the wider history of London’s homœopathic hospitals.

1.2 Frederick Quin, Founder of the London Homœopathic Hospital

Before embarking upon an examination of Dr. Quin, it is important to consider the sources at our disposal. Much of what is known about him stems from a celebratory posthumous memoir, compiled by his friend and executor Dr. Edward Hamilton (1815–1903) who worked with him at the *LHH*, as well as being one of the

⁹⁷ Ibid., 217.

⁹⁸ See Appendix B.

early members of the *British Homœopathic Society*.⁹⁹ Many details of Quin's biography rely solely on Hamilton's testimony and have been faithfully—and seemingly unquestioningly—repeated throughout the 19th and 20th centuries by those delving into British homœopathic history. While much of the memoir is based on quotes from Quin's now lost and thus unverifiable correspondence, there is no obvious reason to doubt Hamilton's integrity and therefore the veracity of the information given beyond perhaps misremembering some events or dates, particularly considering the memoir was written for the benefit of members of the *British Homœopathic Society*, many of whom would have been well acquainted with the deceased through regular contact with him, making a fabricated history somewhat more difficult to achieve.¹⁰⁰ It is nonetheless important to retain an awareness of the potentially problematic nature of this source and where possible attempts have been made to verify information given by Hamilton and others through external sources.

As mentioned previously, Quin was by no means the sole or even first character of importance in the development of 'British' homœopathy, even though he is often erroneously cited as being "due the honour of having introduced Homœopathy into England."¹⁰¹ Nevertheless, it is no exaggeration to state that

⁹⁹ Edward Hamilton, *Memoir*.

¹⁰⁰ See also Leary, "Primary Sources in Homœopathic History," *BHJ* 86 (1997): 51–54.

¹⁰¹ Bradford, *Pioneers*, 532.

without Quin homœopathy might never have achieved the introduction and success it enjoyed—at least initially—in the English metropolis and beyond. While Curie’s efforts ensured that the practice became known among poor patients and interested laymen, his impact on the medical profession was not significant. While Bradford considered him the second most distinguished after Quin, his obituary in the *British Homœopathic Journal (BHJ)*, a publication by then more allied to Quin’s ‘camp’, stated bluntly and with a rare disregard for the traditional *de mortuis nil nisi bonum* etiquette *de rigueur* on such occasions that most newcomers to homœopathy had never even heard of him prior to their conversion.¹⁰²

Quin was cut from a different cloth: it can justly be stated that between 1834 and the 1870s, homœopathy’s British fate was inextricably linked to his efforts. Furthermore, he was the instigator of the fight for British hospital wards devoted to homœopathy. It therefore seems necessary to investigate his background to understand how he was able to introduce the practice into the highest social spheres, achieving what had previously eluded Leaf and Curie—namely to garner support for the doctrine among the upper echelons of society—ensuring its wider introduction from the top down.

¹⁰² Bradford, *Pioneers*, 223.

1.2.1 **Quin's Early Biography and First Homœopathic Contact, 1799–1832**

Frederick Hervey Foster Quin was born on the 12th February 1799. This is the only fact from his early life upon which there is agreement. His biography prior to 1820 is at best patchy and occasionally mysteriously contradictory: according to the *Oxford Dictionary of National Biography*, he was born in Ireland, his surname and complexion certainly evoking at least some connection to the 'Emerald Isle'.¹⁰³ Edward Hamilton, pupil, close friend, colleague and executor of his estate, claimed him as a Londoner, while Bradford, the author of the 19th century encyclopaedic compendium of homœopathic biographies *Pioneers of Homœopathy*, described him as a native of Scotland, based on his obituary in the *British Journal of Homœopathy*.¹⁰⁴

Similarly, nothing is known of Quin's family background. Some have suggested that he was the illegitimate offspring of a relationship between Elizabeth Cavendish (*née* Hervey), Duchess of Devonshire (1759–1824) who took an extraordinary interest in his

¹⁰³ C. Boase, "Quin, Frederic Hervey Foster (1799–1878)," *Oxford Dictionary of National Biography*, rev. Bernard Leary (Oxford: OUP, 2004), 692–693; Quin fostered many close friendships in Edinburgh and London, moving with ease in each cities' social circles. The evidence pointing toward some Irish connection comes from Quin himself. Apparently fond of jokes, even at his own expense, he told the story of a sweeper asking him for a penny "for the love of St. Patrick." "How did you know I was an Irishman?" Quin asked the man, receiving the reply "Och, yer honour, could I be mistaken in that potato face?": Hamilton, *Memoir*, 110.

¹⁰⁴ Bradford, *Pioneers*, 532.

early career and Valentine Quin, Earl of Dunraven (1752–1824), while others suspect a more distant relationship, though no evidence exists to put the matter to rest decisively.¹⁰⁵ There are mentions of Quin attending either “Mr Trimmer’s” or “William Carmault’s” school in Putney,¹⁰⁶ after which he was sent to France in 1815, remaining there for 15 months with a tutor to learn the language, something he apparently did with such enthusiasm that he was said to speak and write it “better than English.”¹⁰⁷ In 1817, he enrolled at the University of Edinburgh as “Fredric Quin of London, No. 1002.”¹⁰⁸ From this point on, one thing upon which his contemporaries were clearly agreed was that the young Frederick Quin was destined for a distinguished medical career.

¹⁰⁵ Anthony Campbell and Margery Blackie both supported the idea of Quin as the Duchess’s illegitimate son while Bernard Leary suggested Quin being the Duchess’s grandson by Elizabeth’s twenty-two-year old son Frederick Foster (1777–1853), though he later cast doubt on this. Intriguingly a manuscript archivist’s note to this effect was also found on a letter addressed to Quin by Lady Elizabeth: Anthony Campbell, *The Two Faces of Homœopathy* (London: Robert Hale, 1984), 76; Margery Blackie, *The Patient not the Cure* (London: Macdonald and Jane, 1976), 25; Boase, “Quin”: 692–693; Leary, “Who was Dr Quin?,” *BHJ* 75 (1986): 90 and Devonshire to Frederic Quin, n.d., doc. 7, f. 1^r, Quin MSS.

¹⁰⁶ Leary, “Who was Dr. Quin?” 89; “Frederic Quin, the founder of the Hospital,” *BHJ* 78 (1989): 204; No further details are known about this school or who “Mr. Trimmer” might have been, though possibly this is the Rev. Henry Scott Trimmer (1778–1859), son of author and educationalist Sarah Trimmer, née Kirby (1741–1810) and brother of Lady Elizabeth’s children’s governess, Sarah “Selina” Trimmer (1764–1829): Sophie Loussouam, “Governesses of the Royal Family and the Nobility in Great Britain, 1750–1815” in *The Invisible Woman: Aspects of Women’s Work in Eighteenth-Century Britain*, Isabelle Baudino, Jacques Carré and Cécile Révauger, eds. (Aldershot: Ashgate, 2005), 52.

¹⁰⁷ Hamilton, *Memoir*, 3; Uwins, *Memoir*, vol. 1, 395.

¹⁰⁸ “Graduations at Edinburgh in 1820,” *Edinburgh Medical and Surgical Journal* 16 (1820): 608.

After three years of studying chemistry, obstetrics, botany, anatomy and clinical medicine, he obtained his M.D. in 1820.¹⁰⁹

At the age of 21, whether through the parentage attributed to him by Leary and others or through the interests of well-meaning (and well-connected) friends, the young Quin was already a known and esteemed character among the London establishment and high society. His fellow graduates had to struggle to build a medical career for themselves, whereas Quin apparently found himself immediately appointed by the Prime Minister Robert Banks Jenkinson, Earl of Liverpool (1770–1828)—incidentally Lady Elizabeth’s brother in law—to replace the Irish surgeon James Roche Verling (1787–1858) and the Corsican physician François Carlo Antommarchi (1780–1838) as the exiled emperor Napoleon Bonaparte’s (1769–1821) physician on St. Helena. While this position was arguably proving a poison chalice for his predecessors, it could nonetheless only be seen as one of inordinate prestige for such a young graduate with no professional experience.¹¹⁰ It also suggests not only remarkable social connections and an appreciation of Quin’s mastery of the French language but also a degree of political *nous* as it must have been obvious to Quin that the position entailed a not insubstantial requirement for diplomatic skill to gain his patient’s trust,

¹⁰⁹ Ibid.

¹¹⁰ For details of the often fraught relationship between the emperor and his medical attendants, many of whom he rightly suspected of spying for St Helena’s British Governor Sir Hudson Lowe (1769–1844), see: J. David Markham, *Napoleon and Doctor Verling on St Helena* (Barnsley: Pen & Sword, 2005).

something Napoleon was loath to give those he considered appointed by his jailers.¹¹¹ Alas, it appears that before Quin could depart for the shores of St. Helena, news arrived of the emperor's death. Far from proving a setback, by this time he appeared to have taken up a previous offer of attending the Duchess of Devonshire, accompanying and remaining with her in Rome.¹¹²

After the Duchess felt sufficiently recovered not to require constant medical attendance, Quin left Rome for Naples where he soon established a medical practice and fast became popular with the large resident English colony. His small stature coupled with his acclaimed wit and talent as a raconteur, characteristics that would continue to open doors for him throughout his later life, endeared him to the young socialites, who reputedly were often heard exclaiming "God, how amusing this little Quin is."¹¹³ The Irish doctor and writer Richard Robert Madden (1798–1888), with whom he struck up a lifelong friendship, remembered their first meeting thus:

¹¹¹ Markham, *Napoleon*, 22.

¹¹² Hamilton, *Memoir*, 3; With reference to the previously mentioned need to retain a critical distance to Hamilton's memoir, it is interesting to note that most authors who wrote about Quin have unquestioningly accepted that Quin was offered the position of physician to Lady Elizabeth in 1820 *after* hearing of Napoleon's death, despite the fact that the emperor only died in May 1821. Leary is the sole exception here, revising his opinion in 1989: Leary, "Frederic Quin," 204; There is no reason to doubt that the position was indeed offered and that Quin took up an alternative position either before or after his famous would-be-patient died, but the confusion over dates casts some uncertainty on the exact timeline hitherto accepted. Unfortunately no definitive answers can be given as no other sources have been identified that could clarify this question.

¹¹³ Bradford, *Pioneers*, 535.

He was then a young rising medical practitioner, in great vogue with all fashionable English visitors, and sojourners in Naples: Full of life and spirits, of excellent address, with a keen perception of the ridiculous, and a great zest for merriment. But Quin has solid worth and good sound sense to bring to the aid of his professional talents.¹¹⁴

Quin resumed his service with Lady Elizabeth in 1822, when she moved to her residence at Castel-a-Mare. His practice in Naples meanwhile was increasingly successful. No doubt, his noble and influential friends contributed largely to his success, though it seems the (English) competition was not great:

[Quin] does all that is worth doing, and the dirty work is actively swept up by a certain Mr. R—, who is something between an apothecary and a doctor.¹¹⁵

There was however one very important foreign ‘competitor’ practising in Naples at the time, who should exert a great influence upon the young doctor. Dr. Georg von Necher (1770?–1840?) had been brought to Naples as private physician to the Austrian General Field Marshal Franz Freiherr von Koller (1767–1826), superintendent of the Austrian intervention forces sent to

¹¹⁴ Madden, *Countess Blessington*, vol. 2, 120.

¹¹⁵ Hamilton, *Memoir*, 3; “Mr. R—” appears to have been Mr. Roskelly or Roskilly (1790?–?), a surgeon and *accoucheur* described by the poet and novelist John Beste (1806–1885) with little fondness: “My clever practitioner at Southampton ... used to assert that the safety of the public required that one doctor, to be selected and preferred for the extra grossness of his blunders, should be hung every year, as a warning to others. If old Roskelly is not already gone to his account, I think we cannot doubt to whom the expiatory halter should be awarded, whenever this salutary proposal is made the law of the land.” Beste, *Nowadays: Or, Courts, Courtiers, Churchmen, Garibaldians, Lawyers and Brigands, at Home and Abroad*, vol. 2 (London: Chapman and Hall, 1870), 74–75.

quell Guglielmo Pepe's (1783–1855) Neapolitan uprising against King Ferdinand I of the two Sicilies (1751–1825) in March 1821.¹¹⁶ Necher is widely reputed to have been one of Hahnemann's early pupils and practised exclusively homœopathically, opening a dispensary in 1823 and quickly converting a local Neapolitan physician, Dr. Francesco Romani and others to the practice. Necher also treated Quin's close friend, the archaeologist William Gell (1777–1836) for his gout, which is how Quin first came into direct contact with homœopathy.¹¹⁷ Upon returning to Naples in 1825 after Lady Elizabeth's death, he made another fortuitous acquaintance while journeying through Rome in the artist Thomas Uwins (1782 – 1857) whom he took with him to Naples, seemingly on a whim of instant sympathy. Uwins wrote to his brother David, a respected allopathic London physician, about this remarkable new friend who, in his opinion, was "only tarrying [abroad] til his beard is grown that he may start in London with all proper decorum."¹¹⁸

¹¹⁶ Bradford, *Pioneers*, 502; For a more detailed history of homœopathy's Italian arrival and expansion beyond Naples see also Lodispoto, *Omeopatia* and Emanuela Rizza, "Vom polyzentrischen Beginn zur Einheit: Italien," in Dinges, *Weltgeschichte*, 240–255.

¹¹⁷ Hamilton, *Memoir*, 8; Dr. von Necher is named in different accounts as "Necher," "Freiherr von Necher" or even "Dr. Neckar," the latter no doubt due to the English and Italian pronunciation—and thus erroneous transcription—of his name. Interestingly, he is often referred to as a pupil of Hahnemann's, though no evidence could so far be located of him belonging to the 'inner circle', so it is possible that this was a misinterpretation of more general contemporary references to his being an early 'follower' or 'student' of Hahnemann's doctrine.

¹¹⁸ Uwins, *Memoir*, 253.



Fig. 1.2: Dr. Frederick Hervey Foster Quin (1799–1878) as a young man in Naples, c.1826.

Thomas Uwins also executed one of the first known portrait of Quin (figure 1.2) sometime around 1826.

As mentioned previously, Quin was already aware of Necher's treatment of his friend Gell and by 1825 he finally took a closer interest in the successes of his infirmary, although by no means convinced of homœopathy's value. Indeed his initial reaction seems to have been similar to that of his later opponents: derision

and dismissal, treating the whole business “as a piece of German charlatanism, or at the best, as enthusiasm and delusion.”¹¹⁹

Unlike them, however, Quin did not blindly refuse to countenance the possibility of finding some grain of truth or usefulness in Hahnemann’s teachings. He could not ignore the evidence of Necher’s successes and so decided to investigate further. His curiosity seems to have been aroused sufficiently for him to borrow all books he could find on the subject and when this proved insufficient, to seek out further information at the source. Not one to do things by halves, he studied German before travelling to Leipzig, where he arrived around July 1826, meeting with many established homœopaths along the way.¹²⁰

In a letter to Uwins he made it clear that he was still in two minds but did not wish to appear as either disciple or opponent until he felt “fully competent to do justice to the side which I feel ultimately be conscientiously induced to take.”¹²¹ This stood in stark contrast to those medical men he encountered along his journey who opposed Hahnemann *a priori* without studying his work so that, in the impudently confident way befitting a young idealistic physician, “no weight was to be given to opinions which

¹¹⁹ Madden, *Countess Blessington*, 121; David Uwins, *Homœopathy and Allopathy? Or, Large, Small and Atomic Doses?* (London: Henry Renshaw. n.d.), 11.

¹²⁰ Hamilton, *Memoir*, 13; Quin’s talent for languages was remarked upon in a poem sent to him by Gell, expressing surprise at discovering that Quin was reading Jewish historical texts in “low Dutch.” William Gell to Frederick Quin, n.d., doc. 42, f. 1^r, Quin MSS.

¹²¹ Hamilton, *Memoir*, 13.

rested upon prejudices arising from their previous education.”¹²² No doubt Quin was also flattered by the attention lavished upon him by the homœopaths of Prague, Dresden and Leipzig, “proud at having an English physician as a disciple.”¹²³ As a pragmatist, he also collected a wealth of information about the state of medicine and hospitals in Germany so as not to regret the journey should the homœopathic aspect prove unsatisfactory.¹²⁴

It was during his stay in Leipzig that Quin experienced a veritable epiphany, brought on by his own fragile health. Falling gravely ill, causing his friend Uwins to fret that he was “hardly expected to live,”¹²⁵ he was treated by a homœopathic practitioner with “only five small powders.”¹²⁶ He recovered though, to his annoyance, had to abstain from the exertion of studying for a further six weeks.¹²⁷ This annoyance at an obstacle to furthering his knowledge, incidentally, betrays an obsessive character that others, including Hahnemann himself, would remark upon throughout his life:

As he can not exempt himself of the fate of all humans, he must not work after 10 o’clock – then chat with a friend for an hour and after taking his medicine, go to bed, his head free of ideas imprinted by reading or other work of the mind. ... A chronically ill organism cannot repair itself, even with the

¹²² Ibid.

¹²³ Ibid., 15.

¹²⁴ Ibid., 13.

¹²⁵ Uwins, *Memoir*, 349.

¹²⁶ Hamilton, *Memoir*, 16.

¹²⁷ Ibid.

most apposite remedies, unless given sufficient ease by some hours of leisure.¹²⁸

It is therefore no wonder that Hahnemann, also obsessed by details, should have been pleased with this particular pupil. By September, he was still at Leipzig, determined to master the homœopathic system before leaving to finally visit the master himself for “a week or ten days.”¹²⁹ Hahnemann’s time was, in Haehl’s words, “very limited,” both due to the number of patients and the requests from physicians to stay and learn with him, so there was every chance of being refused an audience if sufficient enthusiasm and knowledge was not apparent, since Hahnemann was not beyond refusing even patients if they were not sufficiently knowledgeable about the *Organon*.¹³⁰ Quin’s cautious approach can therefore be seen as a wise and informed move, to ensure his eventual welcome by the ‘Master’.

¹²⁸ Frz. *Krankenjournal*e, DF 4, 130.

¹²⁹ Hamilton, *Memoir*, 17.

¹³⁰ The Westphalian physician Dr. Lorenz Theodor Bredenoll (?-?) was granted the privilege of just over a month with Hahnemann, for which “a monthly fee” was requested, while the French writer Auquier (?-?) remarked that during his visit to Hahnemann in Köthen (Saxony-Anhalt) he found the hotels and public houses full to bursting with visitors of all nationalities wishing to consult with the father of homœopathy. In Leipzig, every patient had to ‘pass muster’ through a window before even being admitted to the house, while in Paris the carriages of wealthy patients queued around the block: Richard Haehl, *Samuel Hahnemann*, vol. 2, 199; L. Auquier, “Mes visites à quelques hommes célèbres: Visite à Hahnemann,” *Revue des États du Nord* 3 (1836): 434–453; Jütte, “Samuel Hahnemanns Patientenschaft,” in *Homöopathie: Patienten, Heilkundige, Institutionen, von den Anfängen bis heute*, Dinges, ed. (Heidelberg: K. F. Haug, 1996), 25–26 and Dinges, “Introduction: Patients in the History of Homoeopathy,” in Dinges, *Patients*, 4. Bredenoll’s will, dated 1876, is held by the city archive of Erwitte (North Rhine-Westphalia).

Following his successful journey of discovery, Quin had another fortuitous encounter, this time coinciding with Prince Leopold of Saxe-Coburg-Saalfeld (1790–1865) in Rome. The Earl of Clarendon (1800–1870) described Quin thus:

A most amusing man the Doctor! He is the sort of person that melancholy monarchs in the olden time would have gone to war for — each of them insisting that the Doctor should come and live with him, at his dull court. Really it would be much more sensible to fight for an agreeable man than for a province... For my own part, I would give up Jersey, Guernsey, Alderney & Sark for Herr Von Quin.¹³¹

Clearly Prince Leopold was of the same opinion, offering Quin the position of resident physician, which Quin took up instead of returning to Naples and so made his way back to England in the Prince's retinue in June 1827. He remained in post until May 1829—though retaining the title “physician in ordinary to the Prince”—all the while delving deeper into homœopathic literature.¹³² As he found English opinion—at least among medical professionals—to be turning against homœopathy, he resorted to set up his practice in Paris in 1831, where he apparently became “quite fashionable.”¹³³ This also marked the beginning of his zealous campaign to increase the number of British homœopathic practitioners. It appears that Quin also made his first experimental homœopathic treatments of cholera patients in Paris around this

¹³¹ Earl of Clarendon to unknown addressee, [1841], doc. 19, ff. 1^r-1^v, Quin MSS.

¹³² Hamilton, *Memoir*, 21.

¹³³ *Ibid.* 22.

time.¹³⁴ The same year, the disease broke out in Germany and Austria. On Hahnemann's recommendation, Quin gave up his practice and travelled to Tischnowitz (Tišnov) in the Austrian province of Moravia, to study the disease and treat the sick. Despite at one point also being struck down by cholera, he and his colleague Dr. Adolph Heinrich Gerstel (1805–1890) prevailed, Quin publishing his experiences and findings upon his return to Paris.¹³⁵ He apparently received a grateful letter of recognition from Ernest Dieble (?-?), chief magistrate of Tischnowitz, congratulating him on the successful cure of 251 cholera cases treated homœopathically.¹³⁶ Cholera would remain a very important if unlikely 'ally' for homœopathy, not only because Quin's Moravian results would always be quoted as evidence of its superiority over allopathic treatment in acute diseases but also because, as will be shown later in this chapter, the disease would again play an important role in the early life of the fledgling LHH.

Encouraged by his friend Lord John Ponsonby (1770–1855), who believed that the threatening advance of cholera would open

¹³⁴ Le Dr. Beauvais de Saint-Gratien [David-Didier Roth], *Clinique Homœopathique, ou recueil de toutes les observations pratiques publiées jusqu'à nos jours*, vol. 2 (Paris: J.-B. Baillière, 1837), 124.

¹³⁵ Quin, *Du Traitement Homœopathique du Choléra, avec notes et appendice* (Paris: J.-B. Baillière, 1832); Quin apparently did not entirely recover from his encounter with cholera as Hahnemann noted in October 1835 that "since September 1835 his problems from Cholera have got worse:" *Frz. Krankenjournal*, DF 4, 129.

¹³⁶ Jütte, *The Hidden Roots: A history of Homeopathy in Northern, Central and Eastern Europe* (Stuttgart: IGM, 2006), 55 and J. Rutherford Russell, *History and Heroes of the Art of Medicine* (London: John Murray, 1861), 427.

previously closed doors and deaf ears, Quin published his ideas and experience of the disease with a dedication to King Louis Philippe I of France (1773–1850) since, according to Ponsonby, a publication in French would “be more likely to attract attention than in English.”¹³⁷

1.2.2 **Quin’s Return to England, 1832–1843**

In April 1832, Quin finally made his way back to London, settling in King Street, St. James.¹³⁸ The medical establishment did not fail to take notice of this new homœopathic ‘apostle’ (Quin himself jokingly introduced himself personally to his long-term correspondent David Uwins as “one come to convert us all”) and swiftly summoned him for examination at the College of Physicians, a request Quin ignored.¹³⁹ He quickly revealed himself to be a powerful broker within the homœopathic world, taking care of many important and influential patients but also finding good positions for new arrivals and converts. Spurred on by his Swiss correspondent Dr. Charles Gaspard Peschier (1782–1853), he also began thinking about ways to organize the British homœopaths in some sort of “Société Homœopathique Anglaise” to emulate the continental associations.¹⁴⁰ Furthermore, Quin

¹³⁷ Hamilton, *Memoir*, 35.

¹³⁸ *Ibid.*

¹³⁹ Uwins, *Homœopathy and Allopathy?* 11.

¹⁴⁰ Peschier, himself a Hahnemann pupil, was at this time corresponding secretary of the recently founded *Société Homœopathique Gallicane*, with particular responsibility for France, Italy, Switzerland and England, so probably kept an active correspondence with Quin as one of the foremost homœopaths in

worked tirelessly on expanding the volume of available English-language homœopathic material. He published the *Pharmacopœia Homœopathica*, dedicated to his patron Leopold I, recently crowned King of the Belgians. This was followed by a translation of Hahnemann's *Fragmenta de Viribus*, ironically dedicated to Sir Henry Halford (1766–1844), the president of the Royal College of Physician whose summons he had ignored. At the same time, he began work on a complete translation of Hahnemann's *Materia Medica Pura*. The reaction from the established medical profession was predictably frosty. The *Lancet* dismissed the *Pharmacopœia* as “absolutely in Latin, titles, preface, pharmaceutrickerie and all,” while simultaneously lamenting the British aristocracy's unfortunate predilection for such quackery.¹⁴¹

From the moment of his arrival in London, Quin had worked tirelessly to convince others to inquire into homœopathy. Thomas Uwins' brother David, one of the first to be informed of Quin's homœopathic conversion through his brother's correspondence, had by this time shrugged off his initial reticence and become an ardent defender of the practice in medical society meetings, earning him the opprobrium of his peers. He became one of the first to join Quin at his house in Stratford Place on the evening of the 10th August 1837, where a provisional set of rules for the

England (together with Curie) to keep the society informed of international developments: Erlach, *Homöopathie in der Schweiz*, 27–28 and Hamilton, *Memoir*, 41.

¹⁴¹ “The *Lancet*,” *Lancet* 23, no. 604 (1835): 932.

establishment of a *Hahnemannian Society* was concocted.¹⁴² While this never actually materialized, the ideas discussed that evening would eventually become the basis of the *British Homœopathic Society* in 1844.¹⁴³ Quin also attempted to found a free homœopathic dispensary with Dr. Belluomini and Dr. Harris F. Dunsford (1808–1847), but was unable, possibly for the last time in his life, to attract the necessary financial support for his project.

While the medical establishment could not bar Quin from practice and instead had to watch anxiously how the homœopathic word spread like wildfire among the top layers of their clientele, their dislike of him was nevertheless palpable. In February 1838, when Quin was proposed as a member of the illustrious *Athenaeum* club in London's Pall Mall, Dr. John Ayrton Paris (1785–1856) succeeded in 'blackballing' him with the help of other members belonging to the Royal College of Physicians.¹⁴⁴ Paris's satisfaction was short-lived, however, as his inflammatory words against Quin did not remain without consequence and he was forced to choose between a public apology to Quin or a duel with a supporter, the fifty-three-year-old physician wisely choosing a full retraction over a gunfight

¹⁴² "Proceedings of the British Homœopathic Society," *BJH* 4 (1846): 449.

¹⁴³ *Ibid.*, 449–450.

¹⁴⁴ According to the *Athenaeum*'s "Election by Ballot" rules, a new membership could be denied if one black ball in ten was placed in the voting urn, presumably an easily achievable number for the Royal College to assemble: *Athenaeum, Athenaeum: Rules and Regulations, List of Members 1850 and Donations to the Library 1849; with addenda for 1851* (London: Privately printed, 1851), 9.

with a twenty-seven-year-old Commander of the Royal Navy.¹⁴⁵ Tellingly, Lord Anglesey congratulated Quin on his defeat at the club, believing it to be a clear sign that “homœopathy is thriving” if its objectors felt so threatened.¹⁴⁶

In 1840 Quin moved again, this time to Arlington Street, still concentrating on his successful private practice among the nobility and high society. It is clear when reading his early biography that he had excellent social connections and a unique ability to influence others by charm or persuasion to achieve his goals. His contemporaries remarked upon the fact that, had he chosen any other specialty other than championing homœopathy, he would have reached the top of his profession very swiftly: Thomas Uwins recalled how Quin did, “despite his own interests, abandon the most lucrative pursuit of his profession [and] sacrifice his brightest prospects.”¹⁴⁷ And yet homœopathy was what Quin espoused, with the ultimate goal of creating an unassailable platform for it in the British medical world. The ideal for his purposes was a homœopathic hospital, just like

¹⁴⁵ Hamilton, *Memoir*, 77; Bradford, *Pioneers*, 547; It is possible, as Nicholls suggests, that the duel-friendly supporter, named only as “Lord C—” might have been Lord Clarence Edward Paget (1811–1895), the Marquess of Anglesey’s (1768–1854) youngest son. While the evidence is sketchy, Paget might certainly have had cause to defend homœopathy, having supposedly been cured of a liver abscess by Hahnemann in Paris. No record of this could be found either in Hahnemann’s Parisian patient journals or correspondence, but the episode is recounted in Paget’s autobiography: Nicholls, *Homœopathy and the Medical Profession*, 110 and [Clarence E. Paget], *Autobiography and journals of Admiral Lord Clarence E. Paget*, ed. Arthur Otway (London: Chapman and Hall), 22–23.

¹⁴⁶ Hamilton, *Memoir*, 78.

¹⁴⁷ “Introduction of Homœopathy into England,” *MHR* 3 (1859): 435–436.

Hahnemann, Curie and others before him had postulated. Unlike most of them, his plans would ultimately bear fruit.

1.3 *The Foundation and Work of the London Homœopathic Hospital*

In 1843, Quin launched yet another modest attempt at opening a homœopathic dispensary, this time in the neighbourhood of St. James, with substantial support from patrons. The enterprise failed, however, due to “some differences” between Quin and his collaborators.¹⁴⁸ By this time, Curie had set up his own dispensary and in all likelihood had ‘poached’ at least some of Quin’s would-be benefactors for his own establishment. It appears that from this moment on Quin divided his energies entirely between his private medical practice on the one hand and quietly but steadily preparing the ground for establishing homœopathy as a respectable branch of the British medical profession.

1.3.1 *The “British Homœopathic Society,” 1844–1849*

In 1844, the preliminary rules for a homœopathic medical society drawn up seven years previously were finally put to good use, and the *British Homœopathic Society* (BHS) was established, albeit initially only counting enough members to fill the committee positions, partially due to the stringent laws governing

¹⁴⁸ Hamilton, *Memoir*, 92; unfortunately the nature of the difficulties remained unspecified, though Quin’s intransigence in many areas relating to homœopathic practice was undoubtedly a contributing factor.

membership, which caused many of London's homœopaths to secede in disagreement. Its primary objective was "the advancement and extension of the principles of homœopathy," including the creation of a homœopathic library, as well as the establishment of a "Dispensary in connection with the Society, with a view to its future elevation to an Hospital."¹⁴⁹ The latter was important not only from a practical and medical point of view but also as a political achievement: the Society's treasurer remarked that all the many homœopaths then practising in London could not together exert the influence of one large public dispensary.¹⁵⁰ The society was to be Quin's masterstroke, not only creating one central voice with which British homœopathy could speak but also—his protestations notwithstanding—cementing his idea that British homœopathy should be characterized by an exclusivity that orthodox practitioners had long strived for to no avail, an opinion not shared by all.

Membership of the BHS was only available to medical men, who required membership "of some recognized University, College of

¹⁴⁹ "Laws and Regulations of the British Homœopathic Society, instituted in 1844," *Annals BHS* 1 (1860): i–xvi; Nicholls, *Homœopathy and the Medical Profession*, 110–113 and Roy James Squires, "Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homœopathy in Nineteenth Century Britain and the United States" (PhD diss.: University of Leeds, 1985); Quin, "First Annual Meeting," *Annals BHS* 1 (1860): 11–12. The importance of libraries for homœopathy will be touched upon in **Chapter 5**.

¹⁵⁰ Quin, "Address of the President Dr. Quin at the last Assembly, held in June 1859, containing the History of the Institution of the Society, and the Establishment of the Hospital," *Annals BHS* 1 (1860): 16.

Surgeons or Licensing Body” and who were required to practise exclusively homœopathically.¹⁵¹ This very strict criteria for admission took full advantage of existing allopathic registration and examination procedures, effectively riding on the Universities’ and Royal Colleges’ coattails, while expanding upon their rules by dictating a uniform mode of practice to all members, something the Colleges were as yet not able to do, at least not officially. The insistence upon such a law also shows that Quin, unlike Curie, Leaf and many of their colleagues and supporters, disapproved of allowing laymen into a position of homœopathic practice at any level. This closely followed Samuel Hahnemann’s own ideal that only properly qualified medical professionals should be able to practise homœopathy. Unlike him, however, Quin stuck rigidly to his principle throughout his life, courting much antagonism from followers of his main ‘competitor’ Curie, who believed that this knowledge should be freely available to all people, regardless of background or training. Quin’s stoic refusal to countenance laymen in any other role than as patients and supporters of medical professionals shows his firm belief that homœopathy could only ever achieve the position and recognition to which he aspired if it was built upon a solid foundation of professional respectability, based on the structures modelled by ‘orthodox’ medicine. Articles in the *Lancet* and other medical journals often wrote of the mischief caused by homœopaths,

¹⁵¹ “Laws of the BHS (1860),” i-iv.

conveniently disregarding the fact that, in most cases at least, these were men and women who had no formal training in homœopathy. In Quin's mind therefore, respectability of the homœopathic profession would beget the respect from the medical world at large. He would therefore surely have approved of the unnamed homœopathic physician who, in an 1856 pamphlet, wrote:

The first and paramount qualification for a medical homœopathist is, that he should be a gentleman—the next, that he should know disease—the third is, that he should be a good homœopathist; that is, know our therapeutics, and our *materia medica*.¹⁵²

This was not to mean that Quin renounced his lay base of support, quite the contrary. It was clear that the grand designs of a homœopathic dispensary or hospital would not and could not be realized without substantial help from wealthy allies. In 1847 therefore, the *BHS* sanctioned the creation of an affiliated body, the *British Homœopathic Association* (hereafter *BHA*), with many members of the aristocracy and London's high society in its ranks. The *BHA*'s principal *raison-d'être* was the collection of sufficient funds for the creation of a hospital and they took to this mission with considerable zest. Only two years later, the *BHA*'s chairman duly announced that sufficient funds existed and the association,

¹⁵² [A Physician practicing Homœopathy], "Medical Reform, and the Past, Present and Future of Homœopathy in Great Britain," *MHR* 1 (1856): 39; It is striking that the author entirely neglected the requirement for such a homœopathist to have medical training, though the precept to "know disease" may have implied the need for a 'traditional' medical education.

Figure 1.3: Lord Robert Grosvenor, Baron Ebury (1801–1893), 1859.

having fulfilled its stated purpose, was swiftly disbanded, transferring all subscriptions from members to a newly established “Hospital Fund.”¹⁵³ A lay organization would however re-form in the following decade under the banner of *English Homœopathic Association*, presided over by Quin’s friend Lord Robert Grosvenor (1801–1893), a man who would remain a faithful ally and defender of homœopathy in Britain throughout his long life (figure 1.3).¹⁵⁴

¹⁵³ Quin, “Last Assembly,” 26–27.

¹⁵⁴ “Thomas Wakley, the founder of the *Lancet*: A Biography,” *Lancet* 148, no. 3812 (1896): 824.

1.3.2 *The First London Homœopathic Hospital, 1849–1857*

On the evening of the 10th October 1849, the first *London Homœopathic Hospital* (LHH) was officially founded. Premises were leased at 32, Golden Square, in London's Soho. After fitting and refurbishing the building as a hospital to the cost of £493/12/6d, it was ready to receive its first patients.¹⁵⁵ Despite this major achievement, the no doubt buoyant mood of that evening's assembly took a sour turn, as there was still considerable dissent within the *BHS*'s ranks as some members disagreed with some of the laws drawn up for the new institution's running. The rules linked the hospital inextricably to the *BHS* and Law 47, which Quin referred to as the "fundamental law," stipulated that voluntary medical office within the hospital was only open to full *BHS* members or those willing to become such upon candidacy to a post:¹⁵⁶

XLVII. The Medical Officers, according to a fundamental condition on which the Hospital was founded by the British Homœopathic Association, shall be Fellows or Members of the British Homœopathic Society, which Society admits into its body Homœopathic Practitioners of all countries, of good professional character and conduct, who possess a Degree or Diploma from an University, or licensing body, exacting from its Graduates and Licentiates residence during a prescribed curriculum of study and personal examinations.

¹⁵⁵ Godfrey Heathcote Hamilton, *Queen Square: Its Neighbourhood & its Institutions* (London: Leonard Parsons, 1926), 97; The amount was equivalent to nearly £28,900 in 2005.

¹⁵⁶ Quin, "Last Assembly," 53.

The Medical Council shall have the power of recommending to the Board of Management, for the consideration of the Governors, any distinguished Homœopathic practitioner whose election to the Medical Staff of the Hospital might be likely to prove advantageous to the Charity, although he may not belong to the British Homœopathic Society, provided he cause himself to be enrolled a member of the Society on becoming a Candidate.¹⁵⁷

By including such an exclusivity clause, Quin's aim was to guarantee that the hospital would always have the security of being staffed by qualified homœopathic medical practitioners, who had already satisfied the stringent requirements for *BHS* membership. At the same time this pre-approval step freed the hospital's administrative board from having to expend its efforts on investigating each candidate's suitability for appointment, since they had to satisfy the *BHS*'s own criteria in order to apply in the first place. Above all this, Quin was enough of a realist to understand how unusual his own comfortable and vertiginous medical career had been. He seemed quite aware of the immense importance hospital appointments presented to a fledgling medical career in London. The *LHH* offered just such an opportunity to *BHS* members, but the homœopaths intended to go further than their allopathic contemporaries. The regulations included a revolutionary provision to give each and every society member who desired it the opportunity of being elected medical

¹⁵⁷ London Homœopathic Hospital, *Laws of the London Homœopathic Hospital and Medical School* (London: McCall and Cockshaw, 1851), 16.

officer to the institution *in turn*.¹⁵⁸ Except to the dissenters, law 47 provided a powerful incentive for homœopathic practitioners. Particularly younger, less established, members of the profession would have understood the clear and tangible benefits of joining the society, thereby giving the *BHS* a larger influence as its ranks swelled. On the other hand, those objecting to this particular law were concerned that it conferred too much power to a corporation of uncertain qualities:

An institution for the treatment of the poor, according to the homœopathic doctrine and practice, was made to depend on a Corporation, and that too an uncharted one, and recent, and without any kind of authority. ... The Society on which its existence has been made to depend, may cease to be. Is the Hospital to cease with the Society? Or are who protest against bigoted Medical Corporations, to maintain with a sort of virtuous hypocrisy, a bigoted Corporation of our own?¹⁵⁹

While the rift this caused would precipitate the opening of Curie's *Hahnemann Hospital* with all those unwilling to submit to the "fundamental Law," a majority nevertheless approved the rulebook.

The new institution's location, Soho's Golden Square, had once been a reasonably fashionable place to live. Charles Dickens, incidentally another life-long friend of Quin's—if not of homœopathy—illustrates this square magnificently, describing an

¹⁵⁸ Quin, "Last Assembly," 16.

¹⁵⁹ [A Physician practicing Homœopathy], *Medical Reform in the direction of Homœopathy*, 6th ed. (London: W Headland, 1856), 48; It is worth remembering these words as a similar sentiment may well have weighed heavily on the mind of the Spanish hospital's founder some decades later (see Chapter 2).

area that, as the aristocracy moved to more fashionable quarters in the West, had become a much less desirable location, “not exactly in anyone’s way to or from anywhere, ... one of those squares that have been.”¹⁶⁰ Close proximity to the tailors of London, who had their workshops in the surrounding streets and even on the square itself, attracted wool and silk merchants’ warehouses—suggesting that perhaps William Leaf might have had some influence in the search for available premises—while most other buildings contained solicitors, commercial tenants and lodging houses. Nearby Berwick Street and Broad Street were slums, inhabited by precisely that social class the new hospital intended to treat.¹⁶¹ It was against this colourful background that the small hospital opened its doors for the first time on the north-western corner of the square (figure. 1.4).

Work began in earnest in April 1850, its official opening—typically for such homœopathic undertakings at the time—timed to coincide with Hahnemann’s anniversary. By the time the first

¹⁶⁰ Charles Dickens, *Nicholas Nickleby*, Works of Charles Dickens, Household Edition, vol. 1 (New York: W A Townsend, 1861), 26; Dickens’s friendship with Quin is illustrated by the many humorous letters, some written in character, often regarding social engagements with each other and occasionally gently ribbing Quin about the subject of homœopathy, telling him for example about hunting seagulls and crabs in Kent, the former with a rifle, the latter “by strewing homœopathic medicine on the sand when the tide is out—they turn over on their backs immediately after taking it:” Charles Dickens to Frederick Quin, 11 September 1850, doc. 23, f. 1^r, Quin MSS.

¹⁶¹ Leary, “Cholera and Homœopathy in the Nineteenth Century,” *BJH* 76 (1987): 191.



Figure 1.4: The London Homœopathic Hospital in Golden Square.

annual report, reprinted in the *Homœopathic Times* of July 1851, was issued, it had received 156 inpatients and 1547 outpatients.

Most remarkably, only 10 deaths were recorded in the first year. It must however also be noted that the new hospital must have failed to make a positive impression on many of its visitors, since a significant number of outpatients were recorded as “result unknown,” not having returned after their first treatment.¹⁶²

As mentioned previously, the hospital had one serious contender in the form of Curie’s *Hahnemann Hospital* in Bloomsbury Square, so that the metropolis had effectively moved from a complete lack

¹⁶² “Analysis of Cases treated at the London Homœopathic Hospital from April 10 1850 to April 9 1851,” *Homœopathic Times* 2 (1851): 727.

of homœopathic hospitals to having, at least in each other's perception, too many. Despite the LHH's evident success, this 'tale of two clinics' caused many to remain cynical. *The Homœopathic Times* pithily summarized the situation as they saw it:

The London Homœopathic Hospital is *officered* on what we have always contended to be a vicious principle; but, so far as we can judge, its business has been well conducted.

The Hahnemann Hospital is *officered* on what we believe to be the right principle; but as is well known to most, ... circumstances have taken place which have caused the secession of some of its medical officers.¹⁶³

Both institutions jealously eyed each other's subscribers and donors lists. While many were supportive of both hospitals, few had the depth of pocket of a William Leaf or a Robert Grosvenor, famously generous supporters of both Quin's and Curie's establishments, with the result that Quin's hospital in particular seems to have lost subscribers at this time.¹⁶⁴

The issue of competition was by no means a new one, nor was it exclusive to homœopaths: throughout the 19th century, specialist hospitals were springing up everywhere in London and were viewed with a mixture of suspicion and outright condemnation by established institutions, their medical officers and governing

¹⁶³ "The London Homœopathic Hospital," *Homœopathic Times* 3 (1852): 493.

¹⁶⁴ "Further Queries anent the Golden Square Homœopathic Hospital," *Homœopathic Times* 1 (1850): 193.

boards.¹⁶⁵ Even as late as 1867, the *Lancet* launched a scathing attack against the

miserable infirmaries, dispensaries, hospitals, &c., in little back streets, which are of no benefit to the poor, and which are solely set going that the illustrious founder may parade his name in print as Physician or Surgeon to the Infirmary for Consumption, or Cancer, or Disease of the Navel, or anything else that an exuberant fancy may suggest.¹⁶⁶

In all likelihood, this outburst did not stem from an altruistic concern that the poor should derive the utmost benefit from each and every institution founded with such a stated purpose, but that the established large metropolitan hospitals—and their usually eminent medical officers—should not have unnecessary competition for the funds of philanthropic Londoners. The situation in homœopathic circles was no different, though the language was less coarse.

On the 7th December 1850, *The Homœopathic Times* wrote of its hope that the Governors and subscribers of the LHH might see their way clear to a reconciliation and amalgamation of their institution with Curie's, in order to avert the obvious difficulties

¹⁶⁵ Waddington illustrates this explosion in voluntary hospitals comparing 1809, when only seven general, four lying-in and two hospitals for infectious diseases existed and 1890, by which time twenty-one general and sixty-seven specialist hospitals were to be found in London: Waddington, *London Hospitals*, 9; On the expansion of specialist hospitals see also Woodward, *To do the Sick no Harm*, 36 and Lindsay Granshaw, "The Development of Hospitals in Britain since 1700 and their changing Role in Healthcare," in *History of Hospitals: The Evolution of Health Care Facilities*, Proceedings of the 11th International Symposium on the Comparative History of Medicine – East and West, Division of Medical History, ed. Taniguchi Foundation (Osaka: Taniguchi Foundation, 1989), 51.

¹⁶⁶ "The Lancet," *Lancet* 90, no. 2312 (1867): 773.

and “present a single front of one undivided battalion.”¹⁶⁷ Alas, it was clear that Quin and Curie were irreconcilable in their approaches to homœopathic practice and its dissemination. Curie made public exhibitions of his successful cures, as well as holding public lectures about homœopathy, both actions perilously close to ‘advertising’, something that could not be considered respectable and was therefore unacceptable to Quin, making the two institutions quite incompatible. Yet Quin, ever the consummate diplomat, downplayed this in an address to the *BHS* some years later, reminiscing from the safe distance of some years after the death of Curie and the ensuing end of the *Hahnemann Hospital* that:

We, of the London Homœopathic Hospital, have pursued an open, even course, from the date of the foundation of the Hospital on the evening of the 10th October 1849; and it was not until the month of March of this year, that we were apprised of the separation from us of some of those medical gentlemen—of those valuable supporters of Homœopathy, I would say—upon whose desirable co-operation we had every reason to rely.¹⁶⁸

Curie’s untimely demise, whilst earnestly regretted by the Golden Square homœopaths, was in effect a boon to their institution, since patrons such as William Leaf could now concentrate their generosity on a single target, the *LHH* being the sole homœopathic hospital left in the capital. Additionally, the *LHH* experienced a further unexpected boost in 1854. This took the guise of an

¹⁶⁷ “London Homœopathic Hospital,” *Homœopathic Times* 1 (1850): 258.

¹⁶⁸ Quin, “Last Assembly,” 54.



Figure 1.5: Detail of Dr. John Snow's map of cholera deaths around the Broad Street water pump, showing the proximity of the *LHH* (bottom centre) to the outbreak

epidemic, which had hitherto allowed homœopathy to profile itself positively throughout Europe: an outbreak of cholera, made famous by Dr. John Snow's (1813–1858) discovery of a link between the disease and polluted water from a pump in nearby Broad Street (figure 1.5). As mentioned previously, Quin had already fought against this disease with some considerable success in Paris and Tischnowitz. This previous experience and the low number of in-patients meant that the small hospital found itself in a somewhat better position to react to the outbreak than its larger London rivals. It is worth repeating that cholera was by no means an unknown entity to homœopathic practitioners: while Leary argues that many not closely familiar with Hahnemann's own thoughts

and precepts on the disease were dosing their patients haphazardly (“there is nothing to suggest that they were any brighter or knew any more than their allopathic colleagues”),¹⁶⁹ Nicholls points to some very successful previous encounters with cholera in Edinburgh (1847) and Liverpool (1849).¹⁷⁰ These could only have bolstered the London homœopaths’ confidence that they could prevail and thereby prove their worth against this feared adversary. A cholera committee was established to coordinate the response and to inform the public, among other things, through posters.¹⁷¹

Following Hahnemann’s recommendations and Quin’s own experience, a large-scale distribution of prophylactic camphor among outpatients contributed significantly to the first line of defence against the epidemic in the hospital’s immediate vicinity.¹⁷² Cholera cases treated within the hospital were also reported to be successful. In both Quin’s and Curie’s previous publications on the subject of homœopathic cholera treatment, the comparison between their results and other modes of treatment had been stark. In the 1854 outbreak, the little hospital reached a mortality rate of only 16.4%, compared with the average rate of 36.2% in other London hospitals.¹⁷³ Inevitably, such

¹⁶⁹ Leary, “Cholera and Homœopathy,” 194.

¹⁷⁰ Nicholls, *Homœopathy and the Medical Profession*, 146. See also Karl-Friedrich Scheible, *Hahnemann und die Cholera* (Heidelberg: Haug, 1994).

¹⁷¹ Leary, “Cholera and Homœopathy,” 192.

¹⁷² “Homœopathic Treatment of Cholera in London,” *BJH* (1854): 686–697.

¹⁷³ Nicholls, *Homœopathy and the Medical Profession*, 146.

discrepancy raised both eyebrows and hackles amongst homœopathy's detractors. When the General Board of Health's Committee for Scientific Enquiries presented their report on the outbreak to Parliament in 1855, the figures returned from the *LHH* were omitted.¹⁷⁴ Lord Robert Grosvenor, then Member of Parliament for the constituency of Middlesex, asked pointed questions in the House of Commons, thereby forcing a separate publication of the homœopathic statistics in full detail.¹⁷⁵ Thus, the attempt to bury the homœopaths' results had not only failed, but caused them to receive much more public attention than they might otherwise have enjoyed. The victory against cholera also invigorated the institution's donors and subscribers. The hospital prospered in Golden Square, managing to remain firmly in the black financially, despite its capacity being limited to a mere twenty beds. It received a steady income from subscriptions and occasional bazaars and dinners held for its benefit.¹⁷⁶

Quin also exhibited signs of cautious pragmatism with regards to expansion plans for the thriving little institution while still in its

¹⁷⁴ *Ibid.*, 147–148; General Board of Health Medical Council, "Report of the Committee for Scientific Enquiries in Relation to the Cholera Epidemic of 1854," House of Commons, Accounts and Papers, 1854/1855 (n°1980), xxi, 1–134.

¹⁷⁵ Grosvenor, "Cholera. Copies of letters addressed to the General Board of Health, complaining of the omission of any notice of certain Returns in relation to the treatment of cholera; and correspondence between the President of the board and the Medical Council; with copies of the Returns which have been rejected by the Medical Council," House of Commons, Accounts and Papers, 1854/1855 (n°255), xlv, 189–226.

¹⁷⁶ "London Homœopathic Hospital: The Late Fancy Bazaar," *Annals BHS* 5 (1868): 285–288; such funding activities were commonplace for voluntary hospitals: Waddington, *London Hospitals*, 46.

infancy. He would of course have been aware of the manifold specialist and other small hospitals that opened each year in London, only to close after a brief period of activity, usually due to a mismanagement of received funds or an insufficient number of patients to impress subscribers into renewing their commitment for the following year. Early on, Quin made his thoughts on the subject clear when declaring that the *LHH* should be formed “in such a basis that a few wards may hereafter be furnished if the funds should allow it.”¹⁷⁷ In other words, expansion was desirable, but not at any cost. Of course one can suspect that much of the funding for this hospital would not have been forthcoming solely on the basis of its actual merits in patient care, if the physician at its helm had not been held in such high regard in the social circles that mattered. This is clearly illustrated by the various lists of donations received through the years, many of the highest sums being ascribed to some anonymous “friend of Dr. Quin” or at least passing through his hands.¹⁷⁸ Even taking this into account, once the funds were disbursed, the institution’s financial management was clearly a rare model of cautious expansionism. The *LHH*’s Board of Management was not oblivious to the urgent and pressing need for more spacious accommodation, yet they did not hastily commit to such an undertaking. As early as 1853, a dedicated Building Committee was established, with the mission

¹⁷⁷ Quin, “Last Assembly,” 16.

¹⁷⁸ *Minutes* 1, 25 April 1866.

of collecting funds for more adequate premises.¹⁷⁹ The first list of contributions, published the same month, showed that the plan for expansion had struck a chord with supporters. The subscribers' and donors' munificence raised an initial £1,920.¹⁸⁰ Regular dinners were held to benefit the funds still further, all of which attracted a substantial list of wealthy and high-ranking supporters. In case the point that these Lords and Ladies supported homœopathy at the detriment of the 'old school' might not be understood clearly enough, *The Morning Post* rubbed additional salt in the allopaths' wounds:

Members of the 'old school' may well begin to look to their laurels when assemblies of ladies and gentlemen, of the highest influence and intelligence, are brought together in large numbers ... to congratulate each other on the advantages they have derived from the science of homœopathy, and to pledge themselves to extend, by every possible means, its beneficial effects throughout the community.¹⁸¹

By 1856 the hospital had definitely outgrown itself and patient numbers vastly outnumbered the fifteen to twenty beds available to accommodate them. While the Board's patience in acting was remarkable given the pressures faced, it did cause some anxiety among the homœopathy community, who worried about the little hospital's ability to adequately fulfil its role. This of course transcended the mere caring for patients and included an ambassadorial function to present homœopathy to the medical

¹⁷⁹ "The London Homœopathic Hospital," *MHR* 3 (1859): 281.

¹⁸⁰ "The London Homœopathic Hospital," *Homœopathic Times* 4 (1853): 422.

¹⁸¹ "London Homœopathic Hospital," *The Morning Post* (London), 23 May 1853.

world as an effective practice, as well as providing a place to teach interested practitioners. The pamphlet *Medical Reform in Direction of Homœopathy*, produced and widely circulated by an anonymous medical practitioner, poured scorn on the *LHH* for just this reason: its author claimed that, in order to be of any effective use, a homœopathic institution with a minimum of one hundred beds would be required. He was convinced that the continued animosity expressed by allopaths towards homœopathy, rejecting the practice outright, could never be eased by a hospital that “with its miserable poverty of accommodation, could afford no sufficient opportunity for seeing acute disease treated homœopathically.”¹⁸² Adding insult to injury, the hospital found itself evicted from its premises when its lease was not renewed in 1857, forcing a move to even smaller premises in an adjacent building, where only outpatients could still be received. By 1858 London’s homœopaths lamented, “we really have no such thing as a true homœopathic hospital in Great Britain,” while the *Lancet* rejoiced.¹⁸³

1.3.3 The New London Homœopathic Hospital, 1859–1876

The financial prudence exhibited for so long by the Building Committee and Board of Management paid off. Nearly a whole decade after the institution’s doors first opened onto Golden Square, new, “excellent premises, capable of containing from 150

¹⁸² [A Physician practicing Homœopathy], *Medical Reform*, 5.

¹⁸³ “The London Homœopathic Hospital,” *MHR* 2 (1858): 613 and “Homœopathy: The Last Move,” *Lancet* 70, no. 1786 (1857): 531.

to 200 beds – lecture room – accident ward, &c.” had been taken in Bloomsbury’s Great Ormond Street, this time fully paid for.¹⁸⁴ Not everyone was pleased, however: a letter to the *British Medical Journal* gave expression to the author’s suspicions that, since the Hahnemannian system rejected much of existing medical practices, it must necessarily also reject the entire corpus of medical and surgical knowledge, from Hippocrates to Morgagni and beyond. He was outraged by the Duke of Wellington’s (1769–1852) reported support for a dinner to raise further funds for this new establishment.

There is to be accommodation for 200 patients; accident wards, where the stupid system of modern surgery will be entirely exploded; a ward for children who will only be too glad to vote in favour of the nice little globules, instead of the nasty old-fashioned powders.¹⁸⁵

Incidentally, the phenomenon of what I will call—deliberately erroneously in this case—‘homœopathic surgery’ is worthy of closer attention as an integral aspect of homœopathic hospitals in its own right, and this will be examined in a later chapter.¹⁸⁶

The hospital’s new location in Great Ormond Street was quite distant from its original birthplace and it is worth taking a closer look at its new neighbourhood in an attempt to understand what might have motivated the removal from Soho to Bloomsbury.

¹⁸⁴ “The London Homœopathic Hospital,” *MHR* 2 (1858): 286.

¹⁸⁵ J. A. Hingeston, “A Homœopathic Triumph,” *BMJ* 4th ser., 1, no. 71 (1858): 379.

¹⁸⁶ See 4.5.

1.3.3.1 *Great Ormond Street and Queen Square: A Neighbourhood Survey*

Just like Golden Square, Bloomsbury's Queen Square and Great Ormond Street had once been a highly fashionable district. Unlike Golden Square however, it had not been taken over by lodging- and warehouses. Instead, the area now attracted a very different kind of 'residents'. By the middle of the nineteenth century, the area—incidentally not very distant from Bloomsbury Square, the erstwhile location of Curie's ill-fated hospital—was becoming a veritable magnet for charitable institutions. In his survey of Bloomsbury and St. Giles, George Clinch points out the most obvious new resident, one that would remain the *LHH*'s neighbour to the present day: the Hospital for Sick Children, nowadays better known as simply the "Great Ormond Street Hospital," which counted Quin's friend Dickens among its supporters.¹⁸⁷ It opened in 1852, with modest accommodation for ten beds at 49 Great Ormond Street, soon expanding to include number 48 and a total of fifty-two beds. Nearly simultaneous with the *LHH*'s arrival, the *National Hospital for the Paralyzed and Epileptic* (which nowadays bookends the hospital on its Queen Square side as the *National Hospital for Neurology and Neurosurgery*) opened on Queen Square, presided by David Williams Wire (1801–1860), the City of London's

¹⁸⁷ For a history of Great Ormond Street Hospital see Kevin Telfer, *The Remarkable Story of Great Ormond Street Hospital* (London: Simon & Schuster, 2007) and Jules Kosky, *Mutual Friends: Charles Dickens and Great Ormond Street Children's Hospital* (London: Weidenfeld & Nicolson, 1989).

Lord Mayor and himself partially paralyzed.¹⁸⁸ The Survey of London also called the area “a favourite centre for charitable institutions.”¹⁸⁹ Apart from the already mentioned hospitals, it listed the *Hospital of St John and St Elizabeth*, a Roman Catholic charity for the “relief of the sick poor of the metropolis” founded in 1856; the *Provident Surgical Appliance Society*, aimed at providing “the working classes and persons of small means with trusses, elastic stockings, etc.” as well as the *Home for Friendless Girls*, founded in 1836 and the *Workhouse Visiting Society*, founded 1858.¹⁹⁰ Further institutions would soon follow. Both the hospital for sick children and the hospital for the paralyzed and epileptic were initially small specialist hospitals and the first of their kind, so Britain’s first homœopathic hospital certainly fitted well into a neighbourhood that appeared as a natural location for prospering young institutions. At the same time, the street was not too distant from the poor areas of St. Giles and Saffron Hill, with the potential of increasing the number of poor patients that could be assisted by virtue of proximity.

¹⁸⁸ George Clinch, *Bloomsbury and St. Giles Past and Present; with historical and antiquarian notices of the vicinity* (London: Truslove and Shirley, 1890), 185–186.

¹⁸⁹ Edward Walford and Walter Thornbury, “Queen Square and Great Ormond Street,” *Old and New London: Vol. 4* (1878), pp. 553–564, <http://www.british-history.ac.uk>, last accessed: 22 September 2012.

¹⁹⁰ *Ibid.*

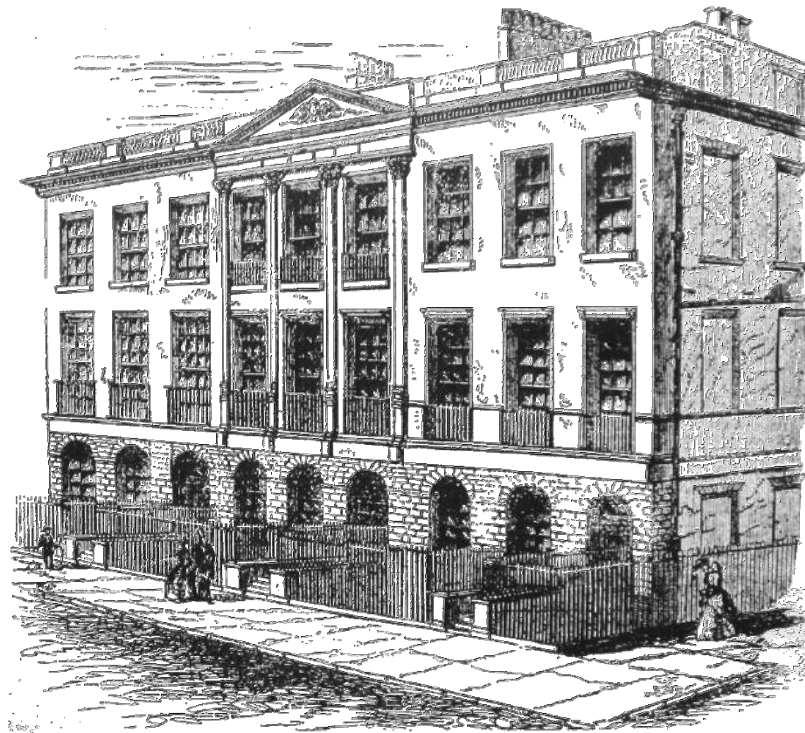


Figure 1.6: 50, 51 and 52 Great Ormond Street, the houses purchased for the London Homœopathic Hospital, before conversion.

1.3.3.2 The London Homœopathic Hospital on Great Ormond Street

Whatever the reasons for the choice of location, the *LHH's* Building Committee purchased the freehold of three adjacent houses—50, 51 and 52 Great Ormond Street (figure 1.6)—at a total cost of £5,600.¹⁹¹ Work began immediately and the buildings were converted, extensively refurbished and furnished (figure 1.7). When the editors of the *Monthly Homœopathic Review* (*MHR*) were invited to visit and inspect the new hospital ahead of its opening, they professed to being “much struck with its suitability,” admiring the well ventilated and “commodious” facilities that

¹⁹¹ Royal London Homœopathic Hospital, *The Royal London Homœopathic Hospital* (London: privately published, 1971), 2.

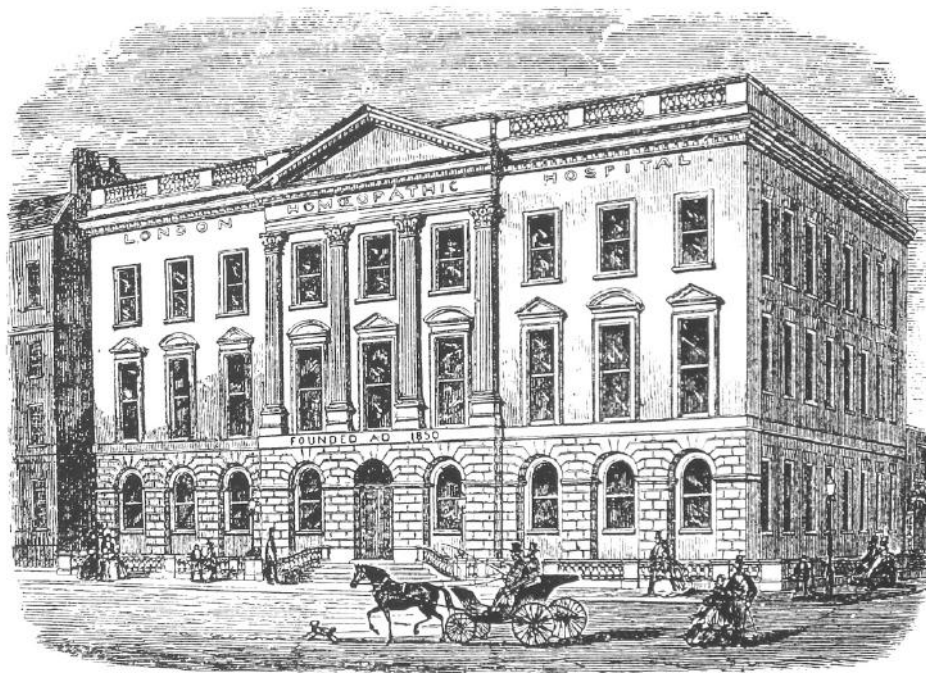


Figure 1.7: The converted London Homœopathic Hospital building, 1859.

would finally give London an institution that could proudly be compared to those of Paris or Vienna.¹⁹²

The building was capable of holding up to two hundred beds for inpatients, though no more than fifty or sixty were initially installed.¹⁹³ Quin himself provided the details of what the finished hospital contained

an operating theatre, lecture rooms, dissecting rooms, two accident wards, and two children's wards, in addition to the usual wards.¹⁹⁴

¹⁹² "The British Homœopathic Society," *MHR* 3 (1859), 232.

¹⁹³ Homœopathic Research & Educational Trust, *The Royal London Homœopathic Hospital Great Ormond Street, 1849–1949* (London: Homœopathic Research & Educational Trust, 1949), 5.

¹⁹⁴ Quin, "Last Assembly," 14.

Paediatrics was of course a field of much interest to homœopaths, with works such as those by Franz Hartmann (1796–1853), Alphonse Teste (1814–1888) and Edward Harris Ruddock (1822–1875) providing the outlines for the homœopathic treatment of children,¹⁹⁵ yet the children's wards of the LHH do not appear to have been considered specialist paediatric units, since such a department was only officially opened in 1895 and even then reserved strictly for outpatients.¹⁹⁶

The building was opened to patients on the 20th June 1859. The fact that it was given a completely debt-free start must have been particularly galling to those who had gleefully predicted the institution's rapid demise: the Board of Management's annual report stated that all costs, amounting to the substantial sum of £10,215/19/6d had been met in full from the Building Fund, thereby assuring the hospital's permanence.¹⁹⁷ The hospital got off to a slow start, with no more than 139 inpatients being admitted between opening in June and the report being finalized in December 1859. The Board's report reasonably explained that this low figure reflected the institution's relative youth in its new

¹⁹⁵ Hartmann, *Die Kinderkrankheiten und ihre Behandlung...* (Leipzig: Weigel, 1852); Teste, *Traité Homœopathique des Maladies Aigues et Chroniques des Enfants* (Paris: J.-B. Baillière, 1850) and Ruddock, *The Diseases of Infants & Children and their Homœopathic and General Treatment* (London: Jarrold and Sons, 1873). On Hahnemann's treatment of children, see also Iris Ritzmann, "Children as Patients in Early Homœopathy," in Dinges, *Patients*, 119–140.

¹⁹⁶ Bernard Leary, "A Century of Homœopathic Pediatrics," *BJH* 84 (1995): 238–242.

¹⁹⁷ "Annual Report of the Hospital," *Annals BHS* 1 (1860): 92. Equivalent to nearly £441,000 in 2005.

neighbourhood. Their optimism proved justified since, by the time the report was published in the *Annals*, the Board of Management was urgently recommending the appointment of a second resident medical officer to cope with the overwhelming influx of outpatients.¹⁹⁸

But what of the hospital's detractors who, Cassandra-like, had foretold the definite death-knell of homœopathy on British shores year after year? In 1866, the *Lancet* once again announced that the "fancies of Hahnemann will go some early day into the same Limbo which has received those of Galen and Paracelsus."¹⁹⁹ Yet the *LHH* showed no sign of expiring, on the contrary, the institution appeared to be thriving with patient numbers growing and the Board of Management entertaining serious thoughts about an expansion to the new building. The *Lancet* in particular seemed to take grave exception to the *LHH*'s continued existence and its hardy supporters. The death of the journal's founder Thomas Wakley (1795–1862) did not slow its continued campaigns and attacks against the practice and practitioners of homœopathy. While for most of the second half of the nineteenth century this journal attempted to retain a certain superior dignity through a conspiracy of silence, there were moments when the editors clearly felt enraged enough to break their own rule. As all attempts to legislate homœopathy out of existence had so far

¹⁹⁸ Ibid.

¹⁹⁹ "The Lancet," *Lancet* 87, no. 2221 (1866): 320.

failed—the promised and anxiously awaited Medical Act of 1858 having proven deeply unsatisfactory, not least thanks to Lord Grosvenor’s renewed intercession on behalf of homœopaths and against the Royal Colleges—the journal and its readers set their sights upon a new, surprising target: the public figures who supported homœopathy in general and the hospital in particular. A lesson had clearly been learnt from the unpleasant Athenaeum incident, as few medical men probably relished the thought of being ‘called out’ as Dr. Paris had been. The language of such attacks was therefore usually couched in diplomatic turns of phrase, concerned questions and abstract statements rather than direct insults and confrontations, the latter being reserved for the less threatening black sheep among the medical profession itself. Also and no doubt to their chagrin, such well respected and highly placed persons as the Duke of Wellington were beyond their reach, despite his very public support in raising funds for Quin’s institution.²⁰⁰ Other politicians, particularly those involved in reform legislation like Lord Elcho (1818–1914) could at least be publically pilloried for aligning themselves with one or more of the many forms of “quackery,” readers being cautioned to beware of them as medical reformers.²⁰¹ Some, like Viscount Bury (1832–1894), who instigated a veterinary trial of homœopathy, even had the ‘audacity’ of publically belittling the journal and doubting its

²⁰⁰ “London Homœopathic Hospital, Great Ormond Street,” *The Times* (London), 22 April 1858.

²⁰¹ “The Profession and Homœopathy,” *Lancet* 71 (1858): 415;



Figure 1.8: Hon. Capt. Robert Wellesley Grosvenor (1834–1918), Member of Parliament for Westminster 1865–1874. Photograph c. 1860s.

competence to judge as “one might as well look to Tom Paine as an authority on the Bible as to the *Lancet* on homœopathy.”²⁰²

But the most direct attacks were reserved for the *Lancet*’s special foe in Parliament or rather (since he had by then been elevated to the Upper House as Baron Ebury) for his equally homœopathically supportive son: when Robert Wellesley Grosvenor (1834–1918) (figure 1.8) stood for election for the Westminster Constituency in 1865, the *Lancet* published a leading article suggesting that the electors of that district should think twice before voting for a

²⁰² “Medical Annotations: Lord Bury on the True Faith,” *Lancet* 86, no. 2207 (1865): 684–685. Thomas Paine (1737–1809) was an English-American political activist and revolutionary who believed all established religions generally, and Christianity in particular, to be human inventions used for corruption and oppression, describing the Bible as fabulous mythology. See also Thomas Paine, *The Theological Works of Thomas Paine (The Age of Reason)* (London: J. Watson, 1851).

supporter of quack medicine.²⁰³ They were unexpectedly supported in their attacks by the satirical magazine *Punch*, whose poem dedicated to “Lord G.” warned electors against voting for a man whose common sense could be measured in homœopathic amounts:

Tell me, Doctor, tell me why
Faith in Homœopathy
Should unfit, if held by G.
Him from representing me?
You have common sense: no less,
Ought your Member to possess.
If infinitesimal
Doses, faith proves sense as small.²⁰⁴

Despite such humorously determined opposition, Grosvenor was duly returned as Member of Parliament for Westminster, a seat he would retain until his retirement in 1874. The hospital meanwhile continued, if not outright thriving—very few charitable institutions could claim such a comfortable position in perpetuity—then certainly without encountering any insurmountable obstacles. Dinners and bazaars continued to raise funds and regular adverts in newspapers, particularly during the cold winter months, entreated the public to contribute to the extra costs of keeping the hospital fully operational.²⁰⁵ Dissent did occasionally rise up from the ranks, particularly when medical officers felt that the hospital’s Board of Management acted high-

²⁰³ “The Lancet,” *Lancet* 86, no. 2184 (1865): 43–44.

²⁰⁴ “Medicine and Member of Westminster,” *Punch* (London), 8 July 1865.

²⁰⁵ Such adverts were mostly placed in *The Times* from 1859, becoming more frequent in the winter months.

handedly towards them. One particularly important case, which prompted much disquiet among the voluntary medical officers, with correspondence ensuing between their spokesman, Dr. William Bayes (1823–1900) and the Board’s Chairman Lord Ebury, occurred in 1872. The *BJH* reprinted some of the correspondence, in which the medical officers requested a larger role for the Medical Council on the Board of Management, particularly in questions of medical appointments.²⁰⁶ Upon closer inspection, the grudge appears to have run deeper: at a meeting of the *BHS*, Dr. Alfred Crosby Pope (1830–1908), one of the *MHR*’s editors, read out his designs for a perfectly administered hospital.²⁰⁷ During the ensuing discussion, Dr. Robert Ellis Dudgeon (1820 – 1904) mentioned the *LHH* Board’s plan to change the rule governing outpatient admission, without consulting the medical officers in charge of said patients. The proposed changes consisted in

admitting all applicants without any questions being asked as to their pecuniary circumstances, or their ability to pay a medical practitioner, on the payment of one shilling for two months’ medical treatment.²⁰⁸

To Dudgeon, this would have excluded the very poor and instead introduce to the hospital “a class of patients who were utterly unfit objects for hospital relief,” noting that it was no wonder that doctors should encounter hospital patients “more expensively

²⁰⁶ “London Homœopathic Hospital Affairs,” *BJH* 30 (1872): 182–192.

²⁰⁷ Alfred C. Pope, “Hospital Administration,” *ANNALS BHS* 6 (1873): 299–327.

²⁰⁸ Pope, “Hospital Administration,” *BJH* 30 (1872): 346.

dressed than they could afford for their own families.”²⁰⁹ The plan had been formulated in order to capitalize on the hospital’s reputation and maximise its income from the large number of outpatients by opening that department up to a class of patients who could otherwise have called on the private practice of a homœopathic practitioner of their choosing—at a much higher fee. This not only seemed uncharitable but—and it must be suspected that this was what really stuck in Dudgeon’s craw—it also curtailed the benefits derived by those physicians who volunteered their services to the hospital, hoping that their connection to the institution would increase their own prestige and therefore the number of patients from among those who would not be admitted there.²¹⁰ The lack of influence over the decision-making process of management boards experienced by medical officers was by no means confined to homœopathy: in 1877, the *Hospital for Sick Children’s* founder Dr. Charles West (1816–1898) published his own thoughts on hospital organization—it is not wildly fanciful to imagine that he may at least in some small way have been influenced by developments in the neighbouring institution, where the medical officers were eventually granted more influence on the hospital’s decisions on medical and staffing matters by the presence of two officers on the board—also calling for a larger role for medical officers in the running of their hospitals. Yet as late as 1898, the *Lancet* still

²⁰⁹ Ibid., 346.

²¹⁰ “Annual Meeting,” *BJH* 30 (1872): 558.

complained about the lack of involvement of physicians and surgeons in the institutions they served.²¹¹

Such episodes excepted, the hospital was doing well. By the time the annual dinner for its benefit was held in 1872, Viscount Bury was able to report that the sixty beds were almost constantly filled, with 514 inpatients and 7,000 outpatients passing through the wards that year and the hospital's endowment fund having risen from £2,000 to £8,000.²¹² While this was not a very large sum compared with the endowment of other hospitals, it nonetheless showed that support was not ebbing. An additional source of income was provided by a new system of private nursing, by which young women could be brought into the hospital as "probationers, and train ... to become nurses," and then sent out to private families or homœopathic physicians for a weekly fee.²¹³

The situation looked less positive the following year, the final accounts showing a shortfall of over £100, even though both patient numbers and direct income were increasing year on year.²¹⁴ The shortfall was due to increased maintenance and general expenditure, which would remain the Board's principal headache for a long while. At least the hospital received some aid by being recognized as a worthy charitable institution by the

²¹¹ Waddington, *London Hospitals*, 166–167.

²¹² "Dinner in Aid of the Funds of the London Homœopathic Hospital," *BJH* 30 (1872): 558.

²¹³ See 5.1.3.

²¹⁴ "Annual Meeting," *BJH* 31 (1873): 531.

Hospital Sunday Fund, receiving small annual contributions from 1872. While the amounts were not large, they illustrate that, while the medical profession at large still refused to recognize or hold intercourse with homœopaths and their institutions, in the public mind and the eyes of those responsible for disbursing charitable funds, the *LHH* was considered a specialist hospital on a par with others such as the *Hospital for Diseases of the Throat* or the *Brompton Cancer Hospital*.²¹⁵

Quin retired from the hospital in 1873 due to his own failing health, though he remained on the books as “Consulting Physician” and Honorary President of the *BHS*. Despite nominally leaving the limelight, he continued to play the role of *éminence grise*, ensuring that the Board agreed to appoint his preferred candidates and generally showing that even in retirement—having no position of authority beyond that of a consulting member of the medical staff—he was still a force to be reckoned with within the hospital’s day-to-day business.

Financially, the hospital’s woes continued. As Hamilton points out, the total expenditure for maintenance when the hospital was located in Golden Square had amounted to around £600 *per annum*. By 1859, the necessary expenditure had grown to £500 *per month* and continued to rise. The three converted houses in Great

²¹⁵ “The Hospital Sunday Fund,” *Lancet* 102 (1873): 133; See also Waddington, *London Hospitals* for details on the Metropolitan Hospital Sunday Fund and similar charitable distributions.

Ormond Street required a “constant outlay for repairs ... to maintain [them] in working order.”²¹⁶ The income on the other hand did not grow at the same rate, despite regular appeals for donations and new subscriptions, not least due to the limited space available for accommodating further patients. The need to further expand the hospital premises became ever more pressing and was repeatedly mentioned at the Annual Meetings of Governors and Subscribers.

1.3.4 Rebuilding and Expanding the Hospital, 1876–1911

By 1876, with activities receiving a renewed drive, the Board of Management sounded suitably ebullient when presenting its annual report to the institution’s governors and subscribers. While the bank balance and patient numbers had once again dropped that year, changes were afoot and alterations to the hospital were being planned. As luck would have it, one of the hospital’s long-serving board members and trustees was the architect Alfred R. Pite (1832–1911), who offered his services as honorary Architect to the hospital *gratis*.²¹⁷ Quin, however, was not

²¹⁶ Hamilton, *Queen Square*, 104; Converted to 2005 values, this was an increase from around £35,000 to around £259,000 per annum.

²¹⁷ “London Homœopathic Hospital,” *BJH* 34 (1876): 522; Alfred Robert Pite FRIBA retired from his architectural practice at Habershon & Pite, 38 Bloomsbury Square, in 1877 to take up a new practice with his son and apprentice Arthur Beresford Pite (1861–1934) and so might have had the ability to volunteer his services to this project—as well as the many small changes and repairs that were required over the years—with more ease than had he still been engaged in his previous partnership: “Arthur Beresford Pite,” Dictionary of

to see 'his' hospital's third incarnation become a reality in his lifetime. Taken ill with acute Bronchitis, he died in 1878. It was a mark of the continued esteem in which he was held by London's high society to the end that the Prince of Wales, for whom he had been a regular dinner companion over the years, visited him mere hours before his death.²¹⁸

In the end, the expansion plans were delayed further by the financial complications such a plan inevitably entailed, given the lack of 'spare' funds received each year. Just as they had done in Golden Square, and no doubt with the echoes of Quin's advice to this effect still ringing in their ears, the Board resisted the urge to plough into such a project without regard for cost, instead opting to wait until sufficient funds were available. In 1890, a final "special effort" was called for to acquire such an amount, many of the hospital's most generous long-term supporters being approached to this effect, evidently with some success. Contributions were given in the magnitude of thousands of pounds and within a year and a half, £30,000 had been raised or guaranteed. The plans were put into action in 1893, delayed by discussions over what shape the expansion should take. Initially, adjacent buildings on Queen Square were considered but apparently the discussions to acquire these became too protracted so that a more radical approach was decided upon: to demolish the

Scottish Architects, www.scottisharchitects.org.uk, retrieved December 14, 2010.

²¹⁸ Hamilton, *Memoir*, 112.

existing premises and rebuild on the same site as a purpose-built hospital, including three further houses in Great Ormond Street. In June 1893 the Duchess of Teck was invited to lay the foundation stone. The building (figure 1.9), drawn by the new Honorary Architect William Alfred Pite (1860–1949) and costing £55,868, was officially opened in July 1895—again paid in full.²¹⁹

The new hospital was kept deliberately simple on the exterior, having decided that all efforts (and funds) should be concentrated on ensuring “no advantage in the interior construction and appointment should be neglected if it could possibly be secured.”²²⁰ The building was certainly up to the very latest standards of the day: described as emulating “the best English and Continental models,” it could hold up to 100 inpatients in its wards, which included for the first time a “paying ward” on the fourth floor.²²¹

This reflected the changes in perception that hospitals were undergoing, no longer being seen as the exclusive domain of those too hampered by abject poverty to be able to pay a physician or surgeon to treat them privately.

²¹⁹ Hamilton, *Queen Square*, 104–107; Homœopathic Research & Educational Trust, *The Royal London Homœopathic Hospital*, 5; The total amount raised was approximately equivalent to £2.4 million in 2005.

²²⁰ Edward A. Attwood: *Sixty-five years of work: Historical sketch of the London Homœopathic Hospital, Great Ormond Street and Queen Square, Bloomsbury, W.C.* (London: London Homœopathic Hospital, 1914), 41.

²²¹ Hamilton, *Queen Square*, 106.



Figure 1.9: Artist's impression of the *LHH* 's front elevation, as designed by William A. Pite, October 1893.

It also reflected also a trend in voluntary hospitals where medical officers and management were increasingly worried about “charitable abuse” from those seeking hospital treatment but too well-off to be entitled to it.²²² The hospital was becoming a more desirable place to be treated for the middle class. The hospital building also showed observance of the principles of hygiene and the avoidance of cross-contamination between wards in its design, following the best continental “Pavilion” models:

The hospital was planned in three main blocks with three rear towers, each block separated from its rear tower by air spaces bridged by covered and cross-ventilated corridors. The elevation comprises four storeys above the out-patient department in the basement. Of the three blocks ... the East Block is separated from the West by the Central or Administration Block, thus effectually preventing the passage of air from one ward to another.²²³

Wards on the western block contained eight beds each and measured 29 ½ft in length by 28ft in width, with 13ft high ceilings, while Eastern Block wards were 50 ½ft long with fourteen beds (figure 1.10). Windows separated each bed, the design allowing each patient an ample 1,400 cubic feet of air.²²⁴

²²² Waddington, *London Hospitals*, 87.

²²³ Attwood, *Historical Sketch*, 43.

²²⁴ Nightingale suggested 1560 cubic feet of air per patient to be “a good proportion” for a ward of twenty beds, with ample space between beds, something not available in most London hospitals: Florence Nightingale, *Notes on Hospitals*, 3rd ed. (London: Longman, Green, Longman, Roberts, and Green, 1863), 67.

Figure 1.10: Durning Ward (Women's Surgical Ward), c. 1895.

The hospital also contained several operating theatres, a casualty room, a much enlarged out-patient department with seating for up to 400 patients a day (figure 1.11), separate departments for “diseases of women, electricity and x-rays, etc.” A bacteriology laboratory and a dispensary were also present, showing how the *LHH* evidently and keenly followed modern medical advances.²²⁵

It should be mentioned here that, whilst at first glance the existence of such a laboratory within the context of a homœopathic hospital might seem odd, homœopaths certainly did not see anything contradictory in availing themselves of every advance.

²²⁵ Hamilton, *Queen Square*, 109–110.

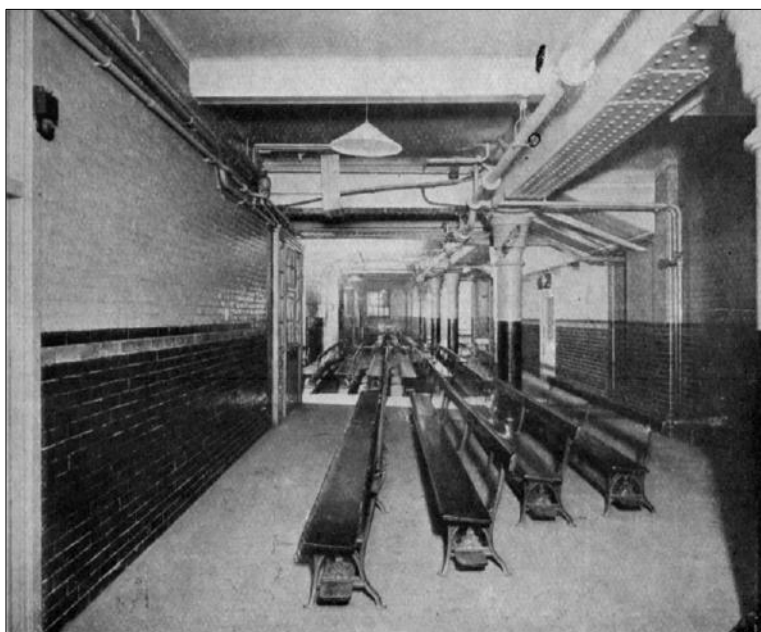


Figure 1.11: The LHH outpatients' waiting room, c. 1895.

The development of Dr. Edward Bach's (1886–1936) 'Bowel Nosodes' proves this, as they were remedies prepared from cultures of non-lactose fermenting flora found in the intestinal tract, unknown—and undetectable—before the advent of bacteriology.²²⁶ The design of the operating theatres also merits closer observation: attention was clearly paid to nervous patients' sensibilities, the architect having made sure that there was no

²²⁶ The *London Homœopathic Hospital's* bacteriological laboratory would become the birthplace of another branch of 'alternative' medicine: The physician and University College bacteriologist Dr. Edward Bach was appointed bacteriologist to the hospital in 1919. He would only remain until 1922, but his brief contact with homœopathy—and his laboratory assistant Dr. Charles Edwin Wheeler (1868–1946)—would trigger his long-term interest in chronic diseases and 'unorthodox' remedies, eventually leading him to abandon homœopathy completely and develop the famous Bach flower remedies based on what he perceived to be energy patterns of different flowers to counter the lack of harmony within the sick body. See Bach, *Heal Thyself: An explanation of the real cause and cure of disease* (London: C. W. Daniel, 1931).



Figure 1.12: London Homœopathic Hospital Outpatients' department refreshments stall, c. 1910.

need for those about to undergo a surgical procedure to be terrified by the “spacious and lofty” room. Patients could be anaesthetized in an adjoining Anaesthetizing Room before being admitted to the theatre through a sliding door.²²⁷ A final element worth remarking was the newly installed tea-bar in the outpatients department (figure 1.12), “which has proved a great boon to patients awaiting their turn for medical attendance” and any small profits that were made from it were destined to “giving assistance to destitute patients.”²²⁸ This curious feature became so

²²⁷ Attwood, *Historical Sketch*, 46–47.

²²⁸ *Ibid.*, 51.

popular that it survived all subsequent re-arrangements of the hospital and still continues to this day.²²⁹

Following the hospital's tradition of cautious growth, Pite designed the building in such a way that an additional wing could be erected and easily connected if required. This was indeed soon the case, as the patient numbers increased further, not least due to the new specialties now catered for in the hospital.

In 1908, the time had come to make use of the extension possibility. The House Committee, chaired by Sir Henry Tyler (1827–1908), impressed the need of expanding upon the Board of Management, as “serious cases frequently had to be refused admission as there was no room to receive them” and “in one small section only of the in-patients, nine women each waited over three months and eight others waited over six months for admission.”²³⁰ While today such timespans may be considered the norm in the British National Health Service, to Tyler and his colleagues it was deemed entirely unacceptable and an extension fund was started, Tyler himself contributing the largest share with £10,000. Just like Quin before him, Tyler was not to see his extension realized, as he died before building could begin, Mr Robert Peel Henryson Caird (1850–1917) taking his place as Chairman of the Building Committee. The Duke of Argyll (1845–

²²⁹ Jane Gilchrist, “A View from the Snack Bar,” Friends of the Royal London Hospital for Integrated Medicine, <http://www.friendsrlhim.org/view-from-the-snack-bar/> last accessed 12 June 2010.

²³⁰ Attwood, *Historical Sketch*, 75.

1914) opened the new seven-storey building, equipped with modern elevators and named the Henry Tyler Wing after its instigator, on 5th July 1911, the final cost having risen to £51,044.²³¹ It provided extended ward space and extra operating theatres, but also space for an Engineer's workshop, a disinfecting chamber and an incinerator "for dealing with the hospital refuse in a thoroughly up-to-date manner."²³² Additionally, the hospital now had the luxury of a roof garden, described as "a great boon to male patients who are able to smoke."²³³ By 1911, the small hospital of barely twenty beds had thus grown into a modern institution with accommodation for a hundred and sixty-three beds, a separate nurses' home being opened in 1912 and extended further in 1931, providing accommodation for ninety staff, while a final expansion of the main hospital building in 1932 brought the total number of beds up to two hundred.²³⁴

Having thus sketched out the developmental history of the LHH from an idea in Dr. Quin's mind, through its humble beginnings in rented premises in Soho with barely twenty beds to its entering the twentieth century as a purpose-built hospital replete with all technological advances of its age and approaching a capacity ten times higher than when it began, it is time to turn away from

²³¹ This was equivalent to £2,912,570 in 2005. See **Appendix C** for a cross-section illustration of the building.

²³² Attwood, *Historical Sketch*, 83.

²³³ *Ibid.*, 86.

²³⁴ Royal London Homœopathic Hospital, *The Royal London Homœopathic Hospital*, 8.

London and examine the other principal player in this study. While the focus will return to London in **Chapter 3** when an attempt will be made to ‘lift the lid’ on the reticent ‘black boxes’ that are the two homœopathic hospitals in order to examine what exactly went on inside, it is time to return to the early 19th century, this time to the capital of the Spanish kingdom, where the *Instituto Homeopático y Hospital de San José (IHHS)* would eventually stand.



Chapter 2

Instituto Homeopático y Hospital de San José: Precedents, Foundation and early History, 1829–1898

When turning one's attention to the early history of homœopathy's introduction to the Iberian Peninsula, some immediately striking parallels with the British scenario are apparent. While the background to its arrival could not have been more different, it is in the principal individuals involved in their respective countries that one finds an interesting similarity. Just as Frederick Quin was in Britain, the main character in the history of Spanish homœopathy was a man called José Nuñez Pernía (1805–1879). Arguably the best-known name among Spanish homœopaths, he was undoubtedly the driving force behind the practice's establishment in the Spanish capital during the second half of the nineteenth century. Not only did he found the first homœopathic hospital in the country, just like Quin did in Britain, he also brought together the first group of likeminded practitioners, uniting them in a medical society known as the

Sociedad Hahnemanniana Matritense (SHM) in 1845. Also, just like Quin, Nuñez was sowing homœopathic seeds on a soil already tilled by others up to two decades previously.

2.1 Homœopathic Beginnings in Spain, 1829–1843

In January 1835, the *Boletín de Medicina, Cirujía y Farmacia (BMCF)*, Spain's most important and widely read medical journal, published a brief article entitled "Medicina Homeopática de Hannheman."²³⁵ The editors assured their readers that, like many of their sister publications, they had been aware of this foreign practice for some time, yet had chosen to keep their counsel on it thus far as it was still relatively new and unproven. With ill-concealed pride, they justified their reticence with the claim that "we Spaniards are not so easily swayed by novelties."²³⁶ Nearly simultaneously, the popular daily newspaper *La Revista Española* regaled its readers with a summary of homœopathic activity in the kingdom to date, on the occasion of the publication of a new Spanish translation of Hahnemann's Works.²³⁷ Indeed by the time the general public was thus introduced to Hahnemann and his radical ideas, medical journals from Barcelona to Madrid had already noted the existence of homœopathy, though with seemingly little impact. It is widely supposed that the honour of being the first homœopathic pioneer in Spain belongs to Cosmo

²³⁵ "Medicina Homeopática de Hannheman," *BMCF* 2, no. 34 (1835): 25–28.

²³⁶ *Ibid.*, 25.

²³⁷ "Boletín: Ciencias Médicas," *La Revista Española*, 10 January 1835.

Maria de Horatiis (1771–1850), physician to King Francis I of the two Sicilies.²³⁸ De Horatiis who, just like Quin, had been a pupil of Necher's visited the Spanish court in his sovereign's retinue in 1829.²³⁹ During his stay, he reportedly had some contact with Madrid's medical establishment, though the King's Spanish sojourn was only short, so that it is unlikely that de Horatiis would have achieved any great impact on the medical minds at the time. Additionally, Antón identifies other Spanish doctors, among them Pedro Rino y Hurtado (1808–1888), who had been practising homœopathically in Badajoz (Estremadura) since at least 1832.²⁴⁰ Others like Ramon López-Pinciano (?–1840?) and Prudencio Querol Cabanes (1774–1859) also applied Hahnemann's doctrine early on, during outbreaks of intermittent fever and cholera, with apparent success.²⁴¹ We can assume that Querol became aware of homœopathy around the early 1830s, as his personal library—part of which is now located in the institution's library and archive collection in Madrid—comprises French editions of homœopathic standard works from around that time.²⁴² It was thus these home-grown practitioners who may justly be considered to be the

²³⁸ Alfonso Galán, "Spanien," 214.

²³⁹ Anastasio García López, *Lecciones de Medicina Homeopática* (Madrid: Imp. y Estereotipia de M. Rivadeneyra, 1872), 310.

²⁴⁰ Alfonso Galán, "Spanien," 214; Antón Cortés, *Principales homeópatas*; Vinyals Roig, "La Homeopatía en España," in *Libro del International Homœopathic Council 1924 Barcelona*, ed. Academia Médico-Homeopática de Barcelona (Academia Médico-Homeopática de Barcelona, 1925), 299–303.

²⁴¹ García López, *Lecciones*, 303.

²⁴² Antón Cortés, "Relación de la familia Real con la homeopatía Española" (Unpublished manuscript, 10 November 2011), cited with author's permission.

‘fathers’ of Spanish homœopathy, though none of them seem to have achieved the same impact as Nuñez would a decade later.

One aspect that commands attention is that, unlike in Britain, homœopathy was not immediately rejected outright, or even received a negative reaction, from much of the Spanish medical profession, if such a monolithic word is not too generous to use in describing the fragmented body of Spanish medical practitioners in the early nineteenth century. Indeed one major contribution factor for the relative ease with which homœopathy insinuated itself into the medical sphere may have been the disarrayed state of said profession at the time: the *BMCF* often lamented the dissent that existed between practitioners of various classes, such as the “University or Pure physicians; Surgeon or College Doctors, Latin Surgeons, Romance Surgeons, Bleeding surgeons, and lastly apothecaries.”²⁴³

This lack of a unified system of medical education or registration resulted in a multitude of different professions, with different training (even in different languages, depending on whether their training was in Latin or in the vernacular) and different competences in treating disease, something that would not be remedied until the introduction of the “Ley Moyano” in 1857.²⁴⁴ On the other hand, there seemed to exist—at least initially—an

²⁴³ Mariano Delgado, “Medios de evitar la disensión médica,” *BMCF* 1, no. 3 (1834): 17.

²⁴⁴ Spanish medical education and the “Moyano” education reform are examined further in 5.2.1.

atmosphere of intellectual curiosity, even gentlemanly tolerance, among medical men—at least those represented by the medical press. It is through these publications that we can trace the early developments, reported in relatively neutral tones rather than with opprobrium for anything considered ‘different’ as was the case in London. Predictably this situation of cordial tolerance would not last long, though the reasons seem to have been unusual.

Disregarding the haughty tones of the *BMCF*’s initial comments regarding such “novelties,” even that august publication was initially open to news from the new medical interloper. As early as 1835 it was happy to promote the opening of new specialized homœopathic pharmacies in the Spanish capital, one of the first being that of José María Sánchez (?-?), located in Madrid’s central Puerta del Sol square.²⁴⁵ In January 1836, the editors went one step further and—rather than attempting to understand and critique homœopathy themselves—sportingly opened their pages to López-Pinciano, whom they introduced as the “Spanish apostle of the new doctrine.”²⁴⁶

Meanwhile, the Spanish homœopaths were also quite active in promoting their practice, at least within their limited reach at a local level. An early homœopathic journal, the *Archivos Homeopáticos* appeared in Cádiz from 1835, funded by a rich local

²⁴⁵ “Medicina Homeopática,” *BMCF* 2, no. 83 (1835): 545.

²⁴⁶ “Medicina Teórica,” *BMCF* 3, no. 85 (1836): 13.

merchant, Benitua Iriarte (?–1848) who, much like Leaf in Britain, had become a convert through treatment received while abroad. In his case, his contact was with Necher in Naples, after which he had contact with Hahnemann himself and finally developed a close friendship with Des Guidi, who would continue to treat him in Lyon.²⁴⁷

The *Archivos* were little more than a collection of articles translated from French homœopathic journals and would not be sufficient to qualify as evidence of widespread organized homœopathic activity, though they did not escape the BMCF's notice.²⁴⁸ In Toro (Zamora), José Sebastian Coll (1781–1849) even briefly opened a homœopathic dispensary within the local hospital in 1838.²⁴⁹ By 1840 a further periodical, the *Archivos de la Medicina Homeopática*, emerged though this too contained only translated articles from Antoine Jourdan's (1788–1848) *Archives de la médecine homœopathique* published in Paris some years before.²⁵⁰ While arguably neither of these publications contributed anything original, they nonetheless showed that there was a budding

²⁴⁷ García López, *Lecciones*, 301; Benitúa Iriarte to Hahnemann, Paris, 29 January 1833 (copy), IHHSJ Arch. (original letter at IGM); Benitúa Iriarte continued to be treated by Des Guidi, one of Hahnemann's disciples in Lyon: J. Baur, ed., *Les Manuscrits du Docteur Comte Sébastien Des Guidi, Contribution à l'histoire du développement de l'homéopathie en France, Deuxième Partie, Doctrine et Techniques de l'homéopathie dans ses débuts* (Geneva: Médecine et Hygiène, 1985), 36–39.

²⁴⁸ "Archivos Homeopáticos," BMCF 2, no. 49 (1835): 146–147.

²⁴⁹ Alfonso Galán, "Spanien," 214.

²⁵⁰ Juan José Fernández Sanz, *La Prensa homeopática española en el siglo XIX* (Madrid: Fundación instituto Homeopático y Hospital de San José, 2001), 121–122; Spanish Homœopathic publications and their importance will be examined further in 5.2.3.

homœopathic community in Spain, as well as an intrinsic awareness among those early Spanish homœopaths of developments across their borders. The real interest lies in the *BMCF*'s reaction to these rival publications. Far from pouring scorn over the homœopaths' fledgling attempts at publicizing Hahnemann's ideas among the Spanish profession, as their British counterparts—the *Lancet* above all—had done in England, the editors congratulated the *Archivos*' publishers on acquiring more subscribers. They expressed their belief that this was a welcome development, as they harboured the sincere wish that "all opinions may be discussed and in this way the truth be found."²⁵¹

When the journal ceased publication in 1842, an editorial article again showed the *Boletín*'s candour and willingness to consider new ideas rather than dismissing them out of hand, as well as expressing genuine regret at the *Archivos*' early demise: while reminding their readers that they felt a certain "repugnance" towards supporting novelties, they admitted to feeling a lack of "competence" to judge them, having neither the time nor the means to put homœopathy to the test, reiterating their belief in the importance of staying abreast of *all* medical developments, even homœopathy.²⁵² Their regret at the journal's cessation was also at least partially motivated by a very personal worry about the survival rate of medical publications in general:

²⁵¹ "Archivos de la medicina homeopática," *BMCF*, 2nd ser., 2, no. 45 (1841): 72.

²⁵² "Medicina Teórica," *BMCF*, 2nd ser., 3, no. 102 (1842): 233.



Figure 2.1: Dr. Pedro Rino y Hurtado (1808–1882)

Spanish doctors not being able to support many from their science, as shown by the frequent appearance and cessation of some [publications] that, barely having seen the light of day, must be suspended due to a lack of readers, or change their title and format in order to attract more by such novelty.²⁵³

But these were not mere empty words: displaying an extraordinary generosity of spirit—certainly when compared with their British counterparts—they extended an open invitation to Rino y Hurtado (figure. 2.1) to use the pages of their journal to give a continued voice to homœopathy in Spain.

The offer was gladly accepted and Rino immediately submitted an article giving thanks for such “scientific tolerance and medical philanthropy,” calling for his medical brethren to embark upon a

²⁵³ Ibid.

wider examination of homœopathy as “important lessons from the past demand, and their duty commands.”²⁵⁴ Clearly relishing the challenge of being homœopathy’s official spokesperson, he proceeded to publish a series of articles, always calling upon doctors to examine the practice and the *Organon* for themselves, as well as translating what he considered to be important articles on homœopathic developments. A second author, the young Román Fernández del Río (1822?–1855), was compelled to send in his own experiences with homœopathy and the journal duly published these as well.²⁵⁵ In 1844 finally the situation changed, with Dr. Cayetano Balseyro (?–?), describing himself as “not decidedly hostile to homœopathy,” announcing his intention to publically and critically examine homœopathy for the benefit of readers.²⁵⁶

Unfortunately the debate between Rino and Balseyro soon descended to a level that could at best be described as coloured by personal animosity, most of it caused by Rino who, possibly motivated by personal difficulties with opponents in his local environment—causing him to see all allopaths in a bad light—behaved with an increasing lack of decorum.²⁵⁷ His tone becoming progressively petulant and intolerant towards Balseyro’s

²⁵⁴ Pedro Rino y Hurtado, “Homeopatía; Necesidad de su estudio,” *BMCF*, 2nd ser., 3, no. 102 (1842): 234.

²⁵⁵ [Román] Fernández del Río, “Homeopatía; Observación de un caso de cólera morbo,” *BMCF* 2nd ser., 4, no. 146 (1843): 297–300.

²⁵⁶ Rino y Hurtado, “Homeopatía: La Academia Real de Medicina de París frente a la homeopatía,” *BMCF* 2nd ser., 5, no. 167 (1844): 50–51.

²⁵⁷ “Dr. Pedro Rino y Hurtado,” *Boletín Informativo de la Sociedad Española de Homeopatía Clásica* 24 (2008): 3–8.

“interruptions” between articles, he eventually turned openly hostile in vociferous accusations towards all allopaths. The journal’s readers were stirred into action by these developments:

We are truly surprised that someone should believe personal injuries, crude insults and harsh epithets to be suitable means of defending an opinion, no matter how exact.²⁵⁸

Entreated to moderate his language, Rino only became more enraged, his missives eventually reading as whining, petulant and even comical, prompting an apology from the editors to their readers and his definitive exile from their pages.²⁵⁹ No further mention was made of homœopathy until October 1845, when the tone used was more in keeping with allopathic publications across Europe, ridiculing the practice. This example provides an illustration of how homœopathy was not only active and known in Spain before Nuñez’s arrival, but also that Spanish medical opinion was far less hostile towards it than elsewhere in Europe. It also shows that the increasing hostility the practice would experience for the rest of the century was possibly less grounded—at least originally—on scientific objections than on the actions of its early public proponents.

²⁵⁸ Andrés Melendez, “Homeopatía: Comunicado,” *BMCF* 2nd ser., 5, no. 188 (1844): 217.

²⁵⁹ Rino y Hurtado, “Homeopatía: Polémica entre los señores Balseyro y Rino,” *BMCF* 2nd ser., 5, no. 189 (1844): 225–227.

2.2 *José Nuñez Pernía, Founder of Madrid's Instituto Homeopático y Hospital de San José*

As the previous section shows, by the time Nuñez first arrived in Madrid, ready to attempt to champion homœopathy in the Spanish capital as a viable alternative to existing medical practice, the atmosphere was one of reasonably well-informed, initially neutral though increasingly agitated medical opinion. Before looking at his early efforts, it is important to gain an understanding of who Nuñez was and how he first came into contact with Hahnemann's doctrine and decided to pursue it professionally, the latter aspect in particular being the key to many of Spanish homœopathy's stumbling blocks, not just vis-à-vis the allopathic profession but also through internal arguments.

2.2.1 *Nuñez's Early Biography and First Homœopathic Contact, 1805–1843*

Unlike his English counterpart's, José Nuñez Pernía's (figure 2.2) early life is reasonably well documented. He was born on 28th April 1805 in Benavente, a small municipality in the province of Zamora (Castile and Leon), into a well-situated Leonese family of cattle-farmers with a reputation for breeding highly prized "Toros Bravos" (fighting bulls) for the Spanish capital's taurine festivals. Little in his early biography hints at any future interest in medicine, let alone that he might one day position himself at the helm of the new homœopathic doctrine as its principal Spanish defender. Indeed, everything in Nuñez's early life was as could be



Figure 2.2: José Nuñez Pernía (1805–1879), c. 1848.

expected for the younger scion of an established Spanish family of means. His brother Joaquín (1807–?) stood to inherit the family estate, while José was destined for the church. It is suggested that, like his other brother Pedro (1810–1884), he may have absolved his ecclesiastic studies at the seminary of Sahagún (Leon), receiving permission to simultaneously study Law at the university of Valladolid, where he obtained his *Bachiller* in 1823.²⁶⁰ He

²⁶⁰ “José Nuñez Pernía.” Leg^o 455, fols. 148–152, Archivo Histórico Universidad de Valladolid, also cited in Félix Antón Cortés, “El Instituto Homeopático y Hospital de San José, de Madrid, en el 125 aniversario de su inauguración oficial” (Undergraduate Research Project Dissertation, Universidad para los Mayores, Madrid, 2004), 53; The Spanish *Bachiller* degree was the lowest university qualification required to practise a profession, roughly equivalent to today’s

subsequently must have returned to his ecclesiastic studies, eventually being named Archdeacon of Ribas del Sil of the diocese of Astorga—one of the most important in the country—in June 1826. Already a certain restlessness or indecision about his career choice is noticeable here, as Nuñez Pernía petitioned the Cathedral authorities for permission to continue his legal studies in Valladolid.²⁶¹

The Carlist wars finally provided the impulse necessary to tear him away from a career in the church. Accused by supporters of the young Isabella II (1830–1904) of sympathizing with the *Infante* Charles V (1788–1855),²⁶² Nuñez fled to France where he settled with other exiles in the Spanish ‘colony’ of Bordeaux. It was there that he first encountered homœopathy. González-Carbajal mentions that Nuñez had “never studied medicine, though he had a great fondness for the subject,” frequently reading medical books.²⁶³ He seemed to be sufficiently intrigued by this new practice to actually enrol in four medical courses at the local Faculty of Medicine between November 1843 and July 1844—presumably to gain a basis of medical knowledge from which to

Undergraduate Diploma rather than the Bachelor’s degree. Higher qualifications at the time were the *licenciatura* and the doctorate.

²⁶¹ Ibid.

²⁶² Nuñez had joined the “Asamblea de Notables,” councilors of Charles V, though apparently quickly became disenchanted with the latter’s ideas, renouncing politics from then on, though by that point he was already widely seen as a supporter and persecuted as such: “Sesión extraordinaria del 24 de noviembre 1879,” ECM 20 (1879): 486.

²⁶³ González-Carbajal García, *Homeopatía*, 242.

evaluate the doctrine—though apparently he never actually took the corresponding exams. At the same time, he learned all he could about homœopathy through French translations of Hahnemann and other practitioners' works.²⁶⁴ Undeterred by such 'minor' inconveniences as a lack of formal training or qualifications, Nuñez soon began practising homœopathically among his exiled compatriots, making use of the theoretical knowledge acquired from books. Possibly due to his years of training in canonical law, the young Nuñez must have developed a prodigious memory, enabling him to confidently apply what he had read, some of which might have baffled other laymen and even some doctors.²⁶⁵ In effect his practice must have had at least some degree of success as it provoked the ire of the Bordeaux medical fraternity, who prosecuted the untrained interloper. Accused of illegal practice, he was found guilty by the jury though apparently condemned to pay only a symbolic fine of two francs that, if true, would certainly be a mark of his success and the high esteem he enjoyed among his patients and social connections.²⁶⁶ Instead of having stopped the unwelcome rival in his tracks, Bordeaux's doctors had to watch helplessly as Nuñez subsequently received an honorary medical doctorate in recognition of his

²⁶⁴ *Gaceta Médica*: "Variedades," *Gaceta Médica* 1 (1845): 155.

²⁶⁵ This is supported by his contemporaries' comments in his 1879 obituary, remarking on his incredible memory that allowed him to achieve his homœopathic studies in France in such a short time: "Sesión 24 de noviembre 1879," 486.

²⁶⁶ Antón Cortés, "El Instituto Homeopático," 55.

ability and achievements, bringing with it the right to practise unhindered throughout the French territories.²⁶⁷

2.2.2 Nuñez and the Spanish Doctors, 1843–1845

Nuñez returned to Spain after the first Carlist war in 1843, establishing himself in the capital and clearly intent on following his new chosen career in medicine. It can be speculated that he was well aware of how difficult it would be to obtain the required licence to practice in Spain without completing the prerequisite official studies. At the same time, he was clearly unwilling to put himself through further years of study. In fact, no doubt encouraged by the official recognition he had received from the French government, he must have been convinced that his knowledge of homœopathy was sufficient to practice in any case. It is at this point that one can catch a glimpse into Nuñez's calculating and politically astute mind when observing how he successfully manoeuvred around officially established structures, bending rules to his will to obtain the necessary diplomas. Initially, he petitioned Madrid's College of Pharmacists to examine him for a *Bachiller* in Philosophy, based on the courses he had attended while at the medical faculty in Bordeaux. Having passed the examinations effortlessly and now armed with a Spanish diploma, as well as what must already have been some considerable connections at Court, he was able to obtain a *Real*

²⁶⁷ Ibid.

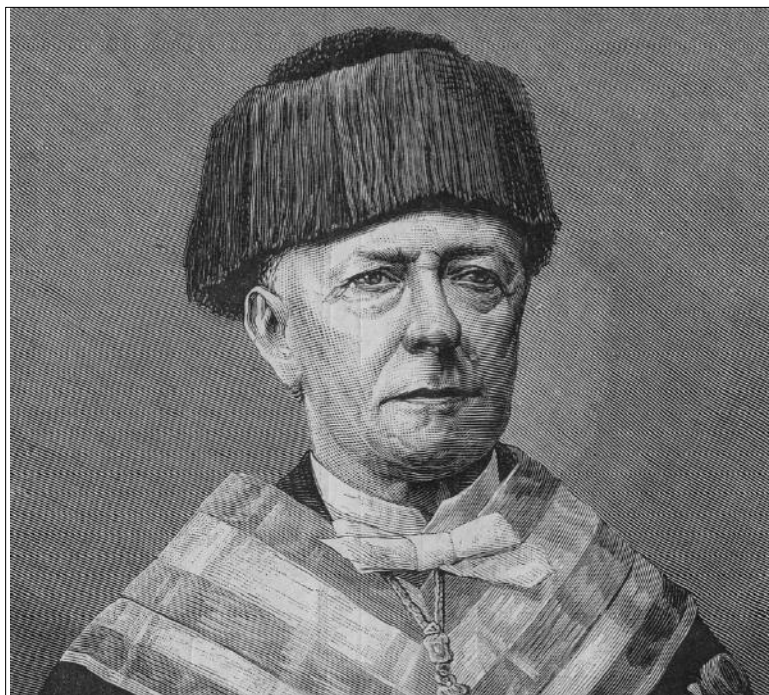


Figure 2.3: Joaquín de Hysern y Molleras (1804–1883), c. 1880s.

Orden (royal decree) from the relevant ministry ordering his immediate examination for the titles of *Bachiller* and *Licenciado* in Medicine by Madrid’s medical faculty.²⁶⁸

This too was successful: his three *Bachiller* examiners—including the renowned surgeon, photographer and professor of physiology Joaquín de Hysern y Molleras (1804–1883), a man who would yet play a role in Madrid’s homœopathy (figure 2.3)—passed him with distinction.²⁶⁹

²⁶⁸ “Folletín,” *La Verdad* 1, no. 10 (1847): 38.

²⁶⁹ *Ibid.*; For a detailed account of Hysern’s biography and later homœopathic ‘ideology’ see also: Agustín Albarracín Serra, “Biografía del Doctor Joaquín Hysern y Molleras,” *Medicina e Historia* 3rd period, no. 45 (1992): 1–16 and González-Carbajal García, *Homeopatía*, 260–277.

The ensuing uproar about the unorthodox way in which his degree was obtained without prior study, this lack apparently not having been noticed—or ignored—by the examiners, meant that the subsequent examination for the licentiate was transferred to the University of Barcelona in an attempt to avoid the Madrid furore. Alas, the protest continued with even Bordeaux's Royal Society of Medicine, no doubt sensing an opportunity to exact revenge for their frustrated attempts of bringing Nuñez to justice, weighing in on the matter and expressing their surprise at Nuñez's *unexamined* French medical studies being used as a basis for obtaining his Spanish title.²⁷⁰ Unfortunately for both the French society and Nuñez's Spanish opponents, the protest clearly bore within it an accusation of incompetence of the degree-conferring body, an inference that curried little favour with the Barcelona Faculty's dean Dr. Félix Janer i Bertran (1779–1865). In his curt reply he agreed that Nuñez's career path had so far not followed the established norm, but stated unequivocally that it was the Spanish government's prerogative to authorize any candidate to dispense with the usual preliminaries as long as the examination was conducted normally, something which his faculty had done, unanimously passing Nuñez and even applauding his excellent results.²⁷¹ The battle was won, but the unusual circumstances of

²⁷⁰ "Variedades," *Gaceta Médica* 1 (1845): 155.

²⁷¹ Félix Janer y Bertrán, "Sobre el título de medicina de José Nuñez: Carta de la Real Sociedad de Medicina de Burdeos al Respecto," *Recortes*/560, fol. 1^r, IHHSJ Arch.; Janer would eventually become Nuñez's patient and a convert to homœopathy. See also Jaume Baltà i Monner, "Bibliografía de Félix Janer i

Nuñez's acquisition of his medical degree would haunt him—and by extension all those who allied themselves with him—for the rest of his life. Where Quin had always *personally* been held in high esteem by most homœopaths and even many of his opponents, Nuñez started out under a shadow of suspicion and disdain from the medical profession. Worse still, he had earned the mistrust and even overt animosity of some who might otherwise have become useful allies. The eminent Hysern in particular appears to have felt his reputation besmirched by association with the fateful examination and so, while both men would eventually become leading figures in Madrid's homœopathic circles, their relationship was irreparably damaged from the start, often creating unnecessary stumbling blocks through the later stages of homœopathy's expansion.

2.3 *The Long and Difficult Foundation of Nuñez's Hospital, 1845–1879*

Having obtained the right to practise medicine in Spain, Nuñez settled in Madrid. Considering his apparent ability to freely and confidently move in the most powerful circles of Spanish society, the proximity to the royal court and the seat of power may well have influenced this choice. Despite what must have been a successful private practice, like Quin, Nuñez had his sights set much higher. He realized that the only way homœopathy could

Bertran (1779–1865), *Revista Del Penedès* 22 (2010): 17–27, www.iepenedesencs.org/ last accessed 3 May 2011.

achieve wider recognition and a secure base was to unite its disparate practitioners under a common banner.

2.3.1 **The “*Sociedad Hahnemanniana Matritense*,” 1845–1847**

At 8 o'clock on the evening of the 27th October 1845, “nearly all” Madrid’s homœopathic practitioners followed his invitation to meet and discuss the ways of defending and propagating the practice most effectively.²⁷² A commission was created to examine the question of creating a scientific society for the purpose. The following week, José Sebastian Coll, senior practitioner by age, presided over the birth of the first Spanish homœopathic society: at 8 o'clock on the evening of the 1st November 1845, the projected rulebook of the *Sociedad Hahnemanniana Matritense* (SHM) was read and approved unanimously with Nuñez elected President, a role he would inhabit with scarcely an interruption until his death in 1879.²⁷³ The Society’s first objective was:

To propagate and defend the homœopathic doctrine, and instruct all those who, in good faith, wish to learn and practise it.²⁷⁴

There were six different categories of membership available to interested parties, ensuring a wide enough potential basis of

²⁷² “Extractos de las Actas: Sesión de Convocación, el 27 de Octubre de 1.845,” SHM Actas/X-bis, fol. 1^r, IHHSJ Arch.

²⁷³ “Sociedad Hahnemanniana Matritense: Sesión del 1 de Noviembre de 1.845,” SHM Actas/X-bis-1, fol. 1^r, IHHSJ Arch.

²⁷⁴ *Sociedad Hahnemanniana Matritense, Reglamento para el Régimen y Gobierno de la Sociedad Hahnemanniana Matritense* (Madrid: Establecimiento tipográfico de D. Francisco de P. Mellado, 1846), Transcript, SHM X-1, fol. 2^r, IHHSJ Arch.

support yet also ensuring that its scientific and medical credentials were above reproach—an ironic preoccupation considering the disputed credentials of its president, though his own experience probably taught Nuñez the importance of making the society unassailable from that angle. Beyond the *founding* members, a category open to all those who had attended either of the two foundational meetings, there were *ordinary*; *supernumerary*; *national and international corresponding*; *associate* and *honorary* memberships available. Each of these had its own strict admission criteria, rights and duties to the society.²⁷⁵ Articles fifty-nine to sixty-one also stipulated disciplinary actions against misconduct of members or any activities deemed detrimental to the society, unworthy of the medical profession or otherwise damaging to homœopathy's image. Members found guilty of any such offenses could be reprimanded or instantly divested of membership.²⁷⁶ Furthermore, just like Quin's BHS would do, the society intended to provide a free homœopathic dispensary for the poor as well as support the homœopathic 'propaganda' by publishing a monthly journal.²⁷⁷

Not satisfied with having thus established a working society, Nuñez petitioned Queen Isabella II for royal authorization of the SHM, receiving the corresponding decree on 23rd April 1846. By this action the society received a further veneer of respectability

²⁷⁵ Ibid., fols. 2^r–2^v.

²⁷⁶ Ibid., fol. 9^r.

²⁷⁷ Ibid.

and official recognition.²⁷⁸ In reality such an authorization was entirely symbolic, though it doubtless served to send a clear message to both supporters and detractors of homœopathy that Nuñez and the SHM had the sovereign's explicit approval, effectively converting the society by a pen stroke into the sole officially recognized voice of homœopathy in the kingdom.²⁷⁹ Such action can be further understood when considering that Hysern, far from joining the society and thus subjecting himself to the ignominy of having Nuñez placed above his own august person, started his own group of like-minded homœopaths, the grandly named *Instituto Homeopático Español*, (eventually followed in 1853 by the *Academia Homeopática Española*).²⁸⁰

2.3.2 Academic Ambitions and Royal Decrees, 1847–1850

In 1847 Nuñez was for the first time unable to turn a situation to his advantage. He had by this time a thriving private practice in Madrid, commanding high fees, as well as receiving international recognition among homœopaths.²⁸¹ He was also named “Médico

²⁷⁸ Pedro José Pidal to José Nuñez Pernía, April 23, 1846, SHM Actas/X-1-bis, fol. 1^r, IHHSJ Arch.

²⁷⁹ A royal authorization, granting the title “Autorizada por Real Orden,” was no longer essential for any scientific society, since Hysern's rival *Instituto Homeopático Español* and its subsequent incarnations functioned without such an official stamp of approval.

²⁸⁰ Pio Hernández, “Una página mas en la historia de la homeopatía española,” *Gaceta Homeopática de Madrid*, no. 33 (1849): 385–389.

²⁸¹ Nuñez is reported as having charged between “2 and 4 duros for a visit and 16 duros for a consultation” (between £60 and £120 per visit and £500 per consultation in 2005) at a time when Spanish doctors charged no more than 2 duros per visit: García López, “Dignidad Profesional,” *Boletín Clínico* 2 (1882):

de Cámara” (Royal physician) of Queen Isabella II, much to the displeasure not only of other court physicians but also of allopaths at large.²⁸² A brief mention of his presence at court merits closer attention, as it illustrates how Nuñez might have been perceived as having a higher standing in the sovereign’s esteem than her other medical attendants. In November 1847, a political newspaper reported the following event, faithfully reprinted in the *BMCF*:

The royal physicians, now colleagues of Mr. Nuñez, were waiting to see Her Majesty when said homœopath arrived, and quite without ceremony was admitted to the Queen’s presence. The other physicians were informed that H.M.’s important health remained unchanged.²⁸³

The affront to the status quo was already deemed intolerable from a medical perspective but the newspaper also expressed “very little confidence, politically speaking” in seeing this man at Her Majesty’s side, quite possibly a reminder of Nuñez’s ‘Carlist’ past.²⁸⁴ Yet despite all these successes, he harboured yet-unrealized ambitions for homœopathy to be granted its own chair

270; Oscar Valtueña Borque: “Medicinas Alternativas, con especial atención a la homeopatía, en la Infancia y Adolescencia,” *An. RANM* 113, vol. 2 (1996): 341. In Caspar Julius Carl Jenichen’s (1787–1849) obituary, his correspondence with Nuñez is mentioned, including the sending of his secretly developed high potency remedies, the only other three homœopaths being singled out for this ‘trial’ being Clemens Maria Franz von Boenninghausen (1785–1864), Gustav Wilhelm Gross (1794–1847) and Constantine Hering (1800–1880). This suggests that Nuñez had a high profile among partisans of the high dilutions: “Necrología,” *Bol. SHM* 4 (1849): 36–37; See also Julian Winston, “A brief history of potentizing machines,” *BHJ* 78 (1989): 59–60.

²⁸² “Variedades,” *BMCF* 3rd ser., 2, no. 94 (1847): 345.

²⁸³ “Novedades,” *BMCF* 3rd ser., 2, no. 98 (1847): 378.

²⁸⁴ *Ibid.*

in the university's medical faculty. He did succeed in being given a seat on the *Consejo de Instrucción Pública* (Public Instruction Council), responsible among other things for decisions regarding medical education. His fellow councillors however threatened resignation after the ensuing uproar against this “cleric” or “physician by the grace of God.”²⁸⁵

The incident gave Nuñez's enemies an opportunity to rekindle the controversy over his medical qualifications, the medical journal *La Verdad* even accusing his examiners of fraud. Hysern, always concerned about his own prestige and reputation, sued the newspaper for libel, forcing them to publically clear him of any wrongdoing but thereby casting Nuñez in an even worse light.²⁸⁶ Politically astute, Nuñez renounced the offered seat on the council but requested a favour from the authorities in return. On 6th February 1848, he and Fernández del Río petitioned for a homœopathic clinic to be established as a trial, as well as for a suitable framework to be introduced to teach others.²⁸⁷ The petition was judiciously phrased, asserting that, if homœopathy were indeed the nonsensical absurdity its detractors believed it to be, the government could do no better service to humankind than to prove this in a clinical setting and subsequently forbid the practice for good. If on the other hand it truly were to be proven

²⁸⁵ “Novedades,” *BMCF* 3rd ser., 2, 67 (1847): 120–121.

²⁸⁶ “Folletín,” 38.

²⁸⁷ Nuñez Pernía and Fernández del Río, *Exposición que se cita en el acta que precede*, SHM Actas, X-1-bis-2, IHHSJ Arch.

effective, then an equally great service would be done by ensuring that only those properly trained in homœopathy could exercise it, precluding anyone who could not give “sufficient proof of suitability in so difficult a subject” through public education.²⁸⁸

This idea of ‘proper’ training was widely held among members of the SHM. An article published in 1848 described homœopathy, “whether as art or as applied science” as being “extremely difficult,” denouncing those ‘false’ homœopaths who thought they could easily pick up enough knowledge to achieve a few cures.²⁸⁹ They demanded a clinic, comprising at least twenty-four beds, in which to treat acute diseases by the homœopathic method, independently from any other clinic or hospital of the old school. By the resulting statistical evidence, they claimed, it would soon become obvious which doctrine was the more “economic, gentle and advantageous for the suffering humanity.”²⁹⁰ This venture was crowned with only limited success: the request received ample discussion within the Council of Public Instruction, who issued both a majority (against) and a minority report (in favour) on the question, being unable to come to a unanimous agreement. Intriguingly, one of the arguments used against the request was that its followers were “sectarians [of] a German medical system,”

²⁸⁸ Ibid., fol. 2^r.

²⁸⁹ “Sobre los convertidos a la homeopatía: Segundo artículo,” *Bol. SHM* 3 (1848): 441.

²⁹⁰ Nuñez Pernía and Fernández del Río, “Esposición,” fol. 2^r.

possibly trying to show homœopathy as an undesirable foreign influence, prompting Nuñez's wry retort:

The truth may indeed be found in Germany, in France or even in Spain; but it cannot be German, French or Spanish. Truth, unlike error, is neither local, nor personal, but on the contrary, universal.²⁹¹

No clinic was granted, but on 18th January 1850, following a petition undersigned by a vast number of respectable and notable citizens, a decree was issued, ordering a chair of homœopathic medicine and one of clinical homœopathy to be—provisionally—created at the university.²⁹² Yet despite such a promising turn of events on paper, nothing was achieved in reality and in May of the same year a second decree had to be obtained, this time dictating several dispositions for the fulfilment of the previous order.²⁹³ Even with two decrees to bolster their case, the homœopaths' endeavour remained fruitless. Comments in the homœopathic press suggest that the university's rector, Claudio Moyano (1809–1890) had indeed undertaken several attempts to comply with the order, though all had failed due to a lack of cooperation from the

²⁹¹ [José Nuñez Pernía], "Consideraciones filosóficas sobre el dictamen de la mayoría del Consejo de Instrucción Pública, acerca de la cuestión del establecimiento de una clínica homeopática," *Bol. SHM* 3 (1848): 234–235.

²⁹² Comercio, Instrucción y Obras Públicas, "Real Orden, estableciendo provisionalmente en esta corte dos cátedras de medicina y clínica homeopática," in *Colección Legislativa de España; Primer Cuatrimestre de 1850*, vol. 49 (Madrid: Imprenta Nacional, 1850), 36.

²⁹³ "Real Orden dictando varias disposiciones para el cumplimiento de la de 18 de enero ultimo sobre el establecimiento provisional de dos cátedras de medicina y de clínica homeopática en esta corte," *Bol. SHM* 5 (1850): 13–14.

provincial government, while petitions to the ministry for education had been equally ineffective.²⁹⁴

2.3.2 Nuñez, the “*Sociedad Hahnemanniana Matritense*” and Madrid’s First Homœopathic Dispensary, 1850–1865

After the repeated failure to achieve their goals through legislation, the academic and clinical projects appear to have been temporarily shelved as both Nuñez and the SHM concentrated on other issues. The society, after an initially strong momentum, struggled, its journal ceasing temporarily in 1851.²⁹⁵ In order to avert the impending inertia, Nuñez ensured that members remained actively engaged by establishing a new rule requiring them to present some original work at the society’s literary meetings, at least once every six months. While the measure did not receive unanimous acclaim, it did ensure that viable activity remained with which to fill the pages of their journal after its resurrection in December 1851 as the *Anales de la Medicina Homeopática*.²⁹⁶

On other fronts, the SHM was more successful: the free dispensary that had been one of their founding priorities was thriving, especially considering the lack of advertising and less than ideal location at the society’s offices, judging by the first returns published in the *Anales* of 1853: 254 patients had been treated

²⁹⁴ “Clínica Homeopática,” *Bol. SHM* 5 (1850): 429.

²⁹⁵ “Novedades,” *BMCF*, 2nd period, 1, no. 49 (1851): 392.

²⁹⁶ “Sesión de Gobierno de 29 de Diciembre de 1850,” *Bol. SHM* 5 (1850): 572.

between August and December 1851, of which 76 had been “radically cured,” 63 were notably relieved and 107 continued under treatment. Only 8 patients had died.²⁹⁷ Judging by some of the more detailed reports, a wide variety of cases were seen, cures ranging from “pulmonary haemorrhaging” to intermittent fevers and falls.²⁹⁸ Several cases were specifically listed as previously diagnosed or unsuccessfully treated by allopathic doctors, underlining the homœopaths’ claim of succeeding where allopathy failed, gave up, or was even rejected by the patient.²⁹⁹ Nuñez apparently also took great care in his private practice not to tarnish homœopathy’s (and his own) reputation through failures, ensuring that a second—allopathic—opinion was obtained whenever he believed a case to be incurable.³⁰⁰ At the same time, Nuñez’s profile rose both nationally and internationally: at the Parisian homœopathic Congresses of 1853 and 1855 he was elected honorary vice-president and president respectively (Quin being honorary president in 1853, proving that there was indeed contact between the two).³⁰¹ In Spain, Nuñez had become the figurehead of homœopathy, albeit resented by his detractors (above all Hysern and his followers) for his group’s position as “masters of the

²⁹⁷ [Victor Iturralde], “Dispensario publico y gratuito de la Sociedad Hahnemanniana Matritense, Desde Agosto 1851 hasta Diciembre inclusive del mismo,” *Anales. MH* 2 (1853): 267.

²⁹⁸ *Ibid.*, 267–294.

²⁹⁹ *Ibid.*

³⁰⁰ “Testimonio,” *Bol. SHM* 5 (1850): 448–449.

³⁰¹ “Revista del estado de la homeopatía en el año de 1834,” *Anales MH* 1 (1851): 26.

masters of masters” and their presumption to instruct others.³⁰² It seems that rather than openly campaigning, Nuñez and his acolytes shored up support directly through their patients: these not only chose to consult Nuñez, they also asked his advice when choosing other medical attendants, invariably recommended from among the ranks of “his” society. In return, Nuñez required these doctors to send case studies of their patients to the *Anales* for other homœopaths’ benefit.³⁰³ The *SHM*’s members’ medical workload seem to have been such that the journal diminished in frequency to an *ad hoc* publication and ceased completely in 1857 as its contributors had little time to devote to journalistic endeavours.³⁰⁴ It re-emerged under the new title *El Criterio Médico* (*ECM*) in 1860, its editors justifying the new publication as a means of keeping the growing number of homœopathic practitioners in both the capital and provinces connected and informed of any advances in the practice.³⁰⁵ An increasing movement by pharmacists opposing the free dispensing of homœopathic remedies by doctors also required a functioning network to keep them abreast of legal developments.³⁰⁶ The allopathic medical press meanwhile was

³⁰² “Noticias varias,” *Anales MH* 4 (1855): 534.

³⁰³ Pascual Vallcanera, “Alicante, Enero de 1853,” *Anales MH* 2 (1853): 71–73.

³⁰⁴ Nuñez Pernía and Tomás Pellicer, “Sociedad Hahnemanniana Matritense,” *Anales MH* 6 (1857): 433.

³⁰⁵ “Introducción,” *ECM* 1 (1860): 2–3.

³⁰⁶ For the protracted fight between homœopaths and the pharmaceutical establishment, see Alfonso Galán, “Contribución al estudio histórico de la homeopatía en España a través de los médicos y farmacéuticos más representativos” (PhD diss.: Universidad de Alcalá de Henares, 1987) and González-Carbajal García, *Homeopatía*, 221–227.

mostly content with the occasional jibe at Nuñez himself, the “leader of the system” and “half-baked free-riding clergyman,” usually reserved for occasions on which he had shown himself to be successful in a social context.³⁰⁷ In 1864, *El Pabellón Médico* sourly congratulated him on his elevation to the nobility of Castile as first Marquis of Nuñez, ironizing that this truly represented the long-awaited government recognition and reward the medical classes had longed for. The *Revista Farmacéutica* went further, commenting that now that a homœopath was made Marquis and “homœopathic chocolate” could even be obtained in the capital’s establishments, homœopathy was truly enjoying its day in the sun.³⁰⁸ The only thing missing now was for the government to allow medical schools to graduate “homœopaths with skirts,” women doctors and homœopaths clearly being equally distasteful prospects to the journal.³⁰⁹

³⁰⁷ [Francisco Méndez Álvaro], “El Milagro homeopático,” *BMCF* 3rd ser., 5, no. 224 (1850): 113–115.

³⁰⁸ A. V. Lafont, “Gacetilla,” *Pabellón Médico* 4 (1864): 542; “Homœopathy” was becoming a fashionable and well-known concept in everyday life, the word (as a synonym of something small) even being used in political speeches and theatrical comedies, while manufacturers of luxury foodstuffs across Europe were keen to show compatibility with the homœopathic treatment, with even companies like Cadbury’s worried enough about the impact other ‘homœopathic cocoas’ might have on their sales to market their own version, advertised as “three times the strength of the best Homœopathic cocoas ordinarily sold”: John Bradley, *Cadbury’s Purple Reign: The Story behind Chocolate’s Best-Loved Brand* (Chichester: John Wiley & Sons, 2008), 11.

³⁰⁹ Lafont, “Gacetilla”: 542; There was no real ‘danger’ of this, Nuñez certainly was not campaigning for the right of women to a medical education, both the *SHM* and later the *IHHSJ* being exclusively male domains.

2.3.3 *A Redoubling of Efforts: The Final Royal Decree, 1865–1867*

Nuñez had indeed been very busy in private practice, international conferences and restructuring the *SHM*, ensuring that the society survived as a cornerstone of Spanish homœopathy, running its free dispensary and generally being a first point of contact for any practitioner wishing to enquire into the practice. His hope of one day achieving what had so far eluded the Madrid homœopaths remained strong. The dispensary, staffed in turn by all members, was proving a focal point not only for the poor who wished to be treated, but also as a source of case notes for publication.³¹⁰

In 1864, Anastasio García López (1823–1897), one of Nuñez's inner circle, reminded homœopaths of their most pressing objective: the need for a homœopathic hospital for poor patients and as a locale for theoretical and practical instruction. Hysern meanwhile, through his newly established *Academia Homeopática Española*, was pursuing the same objective, petitioning the Senate for a clinic under his sole authority, though his plans were dashed by another *Real Orden* in favour of his rival.³¹¹ On 5th January 1865, Antonio Alcalá Galiano (1789–1865), minister for development, signed the order to establish homœopathic teaching and a clinic, albeit as an experimental measure without genuine academic character. The costs were to be borne entirely by the Ministry of the Interior under the auspices of the Department for Beneficence and Public

³¹⁰ "Clínicas y Dispensarios Homeopáticos," *ECM* 2 (1861): 34.

³¹¹ "Triunfo de los Homeópatas," *Pabellón Médico* 5 (1865): 51–52.

Health and Nuñez was named as the sole director.³¹² Predictably, the *Pabellón*'s editors were incandescent with rage at this, though they used the opportunity to further needle Hysern's already wounded pride. The upstart Nuñez, the "flaming Marquis" whose non-existent academic achievements had subjugated Hysern's "seven years of medical studies" to his own "superior direction," had clearly usurped his rightful position.³¹³ As a final 'indignity' the decree granted complete freedom of teaching to the homœopaths, something the *Pabellón* had long—unsuccessfully—sought for the medical profession.³¹⁴ Yet it seems the journal could have spared its ink and Hysern's nerves as—once again—the decree resulted in no practical consequences due to interminable obstacles.

2.3.4 A Homœopathic Hospital by Private Initiative, 1867–1873

In April 1867, at the *SHM*'s annual banquet, Pedro de Aróstegui (1822 – 1887) proposed a toast to the hope that Madrid's homœopaths would soon have a hospital of their own. His proposal, supported by Nuñez, suggested that, since twice the State's backing for such an endeavour had proved useless, they should consider private charity to bring their plans to fruition.³¹⁵

³¹² Alcalá Galiano, "Ministerio de Fomento: Instrucción Pública," *Gaceta de Madrid*, no. 31 (1865): 1.

³¹³ "Triunfo de los Homeópatas," 51.

³¹⁴ *Ibid.*, 52.

³¹⁵ "Banquete de la Sociedad Hahnemanniana Matritense del día 10 de Abril," *ECM* 8 (1867): 191–192.

Ironically, considering the homœopaths' critique of the government 'dragging its heels', this project did—at first—not progress beyond a mere talking point and theoretical agreement. The 1868 revolution and resulting exile of Nuñez's most important supporter Isabella II delayed it still further.³¹⁶ Nevertheless homœopaths sensed that the new liberal freedom of education and loss of influence of the old medical corporations over policy allowed for unprecedented possibilities.³¹⁷ Some like García López established classes in homœopathy at the University of Salamanca, the other professors' vehement opposition being overruled by the new laws.³¹⁸

Yet by 1872, the SHM clearly came to the conclusion that the new Liberal government would no more hand them what they desired than the previous one had. García López requested the society to "raise the flag of charity and proceed to awaken philanthropy," an instinct he saw as deeply "entrenched in all classes of this great nation."³¹⁹ The proposal was unanimously accepted by the membership and a call for subscriptions was drawn up, Nuñez himself contributing the fund's starting capital of 100,000

³¹⁶ For details about the 1868 Spanish Revolution, see Sisinio Pérez Garzón, "El sexenio democrático, 1868–1874," in *Historia política 1808–1874*, eds. Ana Guerrero Latorre, Sisinio Pérez Garzón and Germán Rueda Hernanz. (Madrid: Istmo, 2004), 325–427.

³¹⁷ "La medicina homeopática en presencia de la revolución española," *ECM* 9 (1868): 451.

³¹⁸ Álvarez, "Curso público de homeopatía en la Universidad de Salamanca por el D. Anastasio García López," *ECM* 12 (1871): 71.

³¹⁹ Álvarez, "Junta directiva del 13 de Abril de 1872," *ECM* 13 (1872): 193–194.

Reales.³²⁰ A four-page leaflet was produced and apparently widely distributed, recapping the failed royal decrees and calling upon the recipients to heed the society's charitable call:

[The SHM] wishes, in a time of political convulsions, to let the voice of charity ring above the confusion of ideas, the fight of passions and of hatred and maintain an asylum for the poor, a hospital where they may receive homœopathic assistance in their illnesses.³²¹

While clearly stating that even the smallest donations were welcomed, they also appealed specifically to those who, alone or as a group, could endow a hospital bed with a donation sufficient to yield 1,000 *Pesetas* in annual interests, in return for which they would see their names emblazoned above it.³²² Crucially, they did not ask for donations up-front but rather for pledges that would only be collected once the entire sum required had been reached, a risky tactic seldom seen in such fundraising endeavours but which may have been intended to allay potential donors' fears that their donations would be wasted if the project failed.³²³ By the end of May 1872, 172,300 *Reales* had been raised, reaching 261,334 in November, the names of donors—including some from as far

³²⁰ Álvarez, "Sesión extraordinaria," ECM 13 (1872): 201–202; Equivalent to approximately £1041/13/4d (£47,604 in 2005).

³²¹ Sociedad Hahnemanniana Matritense, *Fundación de un Hospital Homeopático en Madrid* (Madrid: Imprenta De M. Rivadeneyra, 1872), 3.

³²² *Ibid.*, 3–4; The *Peseta*, implemented by the transitional government as the basis of a new monetary system, was equivalent to 4 *Reales* (approximately 10d), both nomenclatures remaining in use simultaneously for much of the 19th century.

³²³ "Suscripción para la Fundación de un Hospital homeopático en Madrid," 0000-bis, fols. 1r–2v, IHHSJ Arch.

afield as Mexico and Argentina—regularly being published in the society’s journal.³²⁴ Remarkably, the support seems to have come from across the social spectrum, including those with little to spare, as illustrated by the entry for 64 *Reales* contributed by “the poor at the dispensary.”³²⁵ The SHM’s efforts were even lauded by their opponents, the *Pabellón* “[applauding] the enthusiasm and disinterest exhibited by Hahnemann’s persevering disciples,” while nonetheless expressing disapproval of the practice itself.³²⁶ But the process of acquiring the necessary capital was only a first step. The hospital organizing committee scoured the city for a suitable building in which to install the hospital once sufficient funds were available. Eventually—possibly influenced in some degree by knowledge of the LHH’s earlier issues in this regard—the decision was made to buy a plot and build a hospital to their exact specifications rather than undertaking the expensive and possibly unsatisfactory conversion of an existing building.³²⁷ In May 1873, a location had been found: “a plot of about forty-thousand [square] feet located in Calle de la Habana, number 1” was *personally* purchased by Nuñez for 169,503 *Reales*, the first 100,000 paid out of his own pocket and the balance to be paid

³²⁴ “Lista de la suscripción abierta,” *ECM* 13 (1872): 215; 264; 336; 360; 408; 504 and 552.

³²⁵ *Ibid.*: 408.

³²⁶ “Gacetilla: Hospital Homeopático,” *Pabellón Médico* 12, no. 525 (1872): 215.

³²⁷ Álvarez, “Acta de la Sesión literaria celebrada por la S.H.M. el día 13 de Abril de 1873,” *ECM* 14 (1873): 151.

within a year.³²⁸ This seemingly innocuous arrangement would cause major tensions among Madrid's homœopaths in later years and will be examined further below.

2.3.5 The First Spanish Homœopathic Hospital, 1873–1879

A new Building Commission was selected in June 1873 with Nuñez at its helm, the SHM president being given sole rights of approval over all plans and work estimates. The chosen architect was Isabella II's Royal Architect José Segundo de Lema García (1823–1891) of the Academy of San Fernando,³²⁹ known for his eclectic designs combining neo-gothic and mudéjar styles.³³⁰ Work began the same month, the event noted by the BMCF who, tongue firmly in cheek, marvelled at the immense potential such an establishment offered to illustrate Philippe Pinel's (1745–1826) idea of first observing diseases without treating them, suggesting not only that the homœopathic treatment was tantamount to none at all but also possibly establishing a link between the supposedly imaginary diseases treated by homœopaths and the conditions the psychiatrist Pinel would have addressed.³³¹ Nonetheless, they welcomed the addition of another “temple, albeit protestant, to

³²⁸ Álvarez, “Sesión extraordinaria de gobierno del 13 de Mayo de 1873,” *ECM* 14 (1873): 242.

³²⁹ “Sesión extraordinaria 13 Mayo 1873”: 242–244.

³³⁰ Silvia Arbaiza Blanco-Soler and Carmen Heras Casas, “Inventario de los dibujos de arquitectura de los siglos XVIII y XIX en el museo de la Real Academia de Bellas Artes de San Fernando (IV),” *Academia*, 120–103 (2006): 170 and Magdalena Merlos Romero, “José Segundo de Lema: Arquitectura del siglo XIX en Aranjuez,” *Espacio, Tiempo y Forma*, 7th ser., 18–19 (2005–2006): 209–235.

³³¹ “Gacetilla: Hospital Homeopático,” *BMCF* 3rd period, 13, num. 576 (1873): 264.

our science.”³³² By the end of August, work was advancing rapidly as the foundations, water and sewage installations were built and the site attracted great interest from members of the general public, keen to observe its progress.³³³ By March of the following year, the first (raised ground) floor was being erected. The hospital had been designed as a freestanding structure, surrounded by gardens from which light and air could permeate the building. The plans included one central section flanked by two pavilion wings in which patients would be located with the “necessary independence, perfectly lit and aired” while the lower ground floor held the service quarters, with kitchen, larder, storage, laundry and bathrooms as well as the rooms for the orderlies “and anything else deemed opportune.”³³⁴

Just like the London homœopaths, the *SHM* showed an acute awareness of what constituted desirable hospital architecture at the time, aimed at minimizing the risk of cross contamination in or between wards, something by no means common in Madrid’s existing institutions.³³⁵ The elevated ground floor would hold four independent wards as well as lecture rooms and offices for the society and a spacious south-facing sun-bathed gallery to allow the convalescent patients to walk and rest during the day. The upper floor was identical in layout though it also held the hospital chapel

³³² *Ibid.*

³³³ “El Hospital Homeopático de Madrid.” *ECM* 14 (1873): 384.

³³⁴ Álvarez, “Acta de la sesión literaria celebrada por la S.H.M. el día 10 de Abril de 1874,” *ECM* 15 (1874): 151.

³³⁵ See 5.2.1.

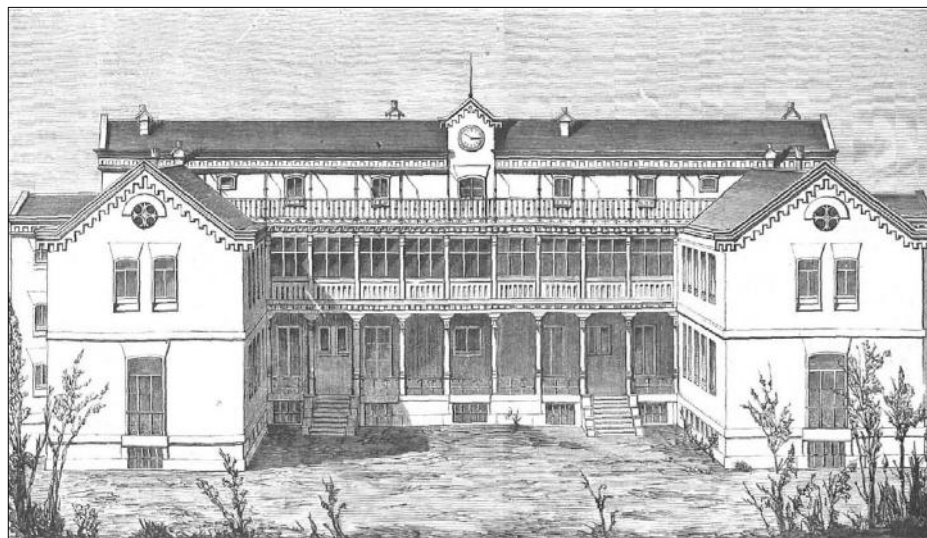


Figure 2.4: Artist's impression of the finished IHHSJ, 1874.

and accommodation for the nuns in charge of nursing. Finally, the back of the building would hold a second floor in which essential employees could be lodged.³³⁶ A woodcut of how the finished hospital would look was published in the *Ilustración Española y Americana*, one of the most widely read weekly newspapers at the time, suggesting that the general interest in this development was indeed vast (figure. 2.4).³³⁷

Unfortunately, this would be the last good news for some time: by 1876, an unexpected lack of funds had required Nuñez to supply almost a further three quarters of what had initially been raised from his own pocket to ensure building was not interrupted. Yet even this barely covered half of the hospital's eventual cost.³³⁸ Clearly the project's financial requirements had been wildly

³³⁶ Álvarez, "Sesión 10 de Abril de 1874, 151.

³³⁷ "Hospital Homeopático en construcción por la Sociedad Hahnemanniana Matritense," *La Ilustración Española y Americana* (Madrid), 30 January 1874.

³³⁸ Álvarez, "Acta de la sesión del 9 de Abril de 1876," *ECM* 17 (1876): 147–148.

underestimated from the start, as international subscription had not raised the hoped-for amounts but Nuñez was not afraid to put his hand in his pocket in order to secure “his” life’s work would not turn into a mere historical anecdote. Using Álvarez’s statement as a basis of calculation, by this point Nuñez would have had to invest over 364,857 *Reales* of his own money, yet all this was not enough and by September 1875 the building work had ceased, not resuming until March 1876 when additional funds were available, Alvarez beseeching the society to renew and redouble their efforts to raise money so that the building may be finished.³³⁹ García López’s involvement of a temporarily founded *Junta de Señoras* (Ladies’ league, of which more will be said in **Chapter 3**) to help raise funds finally helped pull the hospital from the financial abyss and by June 1876 work progressed at a faster pace, so much that Nuñez could offer his exiled “affectionate friend” Isabella II to name the women’s and girls’ ward in her honour, a proposal she gladly accepted, as her own devotion to “Omeopatia” remained unwavering (figure 2.5).³⁴⁰ In January 1877, work was finally finished, though the ECM’s jubilant announcement of its impending opening was premature.³⁴¹ Furnishings, including the beds for patients, “the cult objects required for the chapel” and

³³⁹ Ibid.: 148

³⁴⁰ Isabella II to Nuñez Pernía, June 1876, Hosp 1, fols. 1^r-1^v, AFIHHSJ, Madrid.

³⁴¹ “Introducción,” ECM 18 (1877): 2.

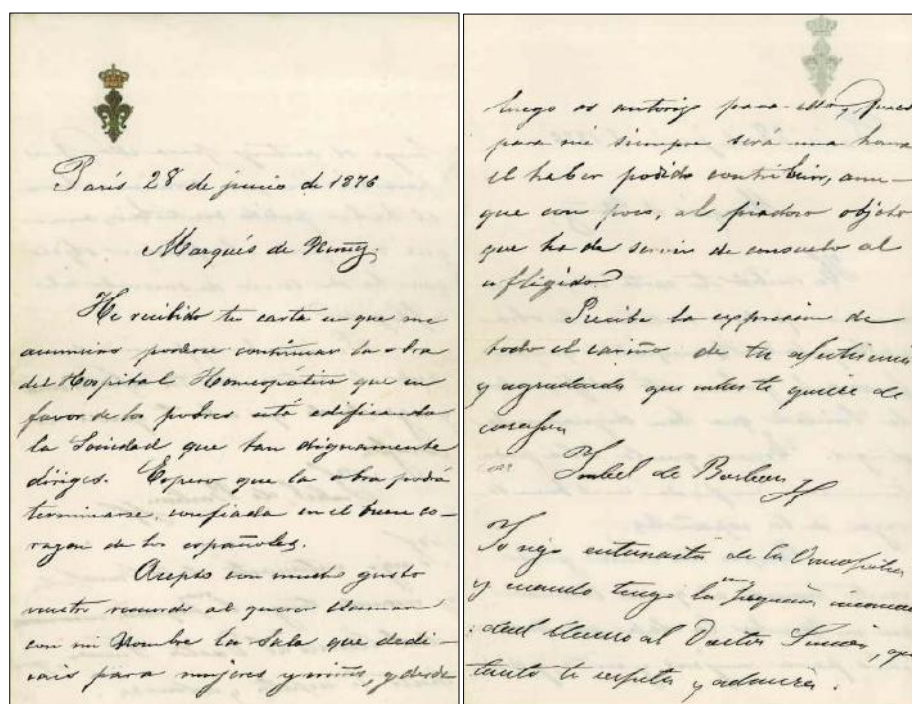


Figure 2.5: Letter from Queen Isabella II to Nuñez, authorizing the dedication of the hospital's "Santa Isabel" ward in her honour.

everything else necessary “to properly put together the hospital” had to be procured, for which another appeal had to be made.³⁴²

The initial success of the *Junta de Señoras* had left such an impression that an official organization, the *Junta Protectora de Damas del Hospital Homeopático de Madrid* (Ladies' Association for the Protection of Madrid's Homœopathic Hospital) was founded as an integral part of the institution, their aim being to amass the funds necessary to maintain the hospital.³⁴³ In practice, this meant gathering cash donations as well as monthly subscriptions and donations in kind. Their success seems to have been considerable

³⁴² Álvarez, “El hospital homeopático de Madrid,” *ECM* 18 (1877): 52–53.

³⁴³ Álvarez, “Formación de la Junta Protectora de Damas,” *ECM* 18 (1877): 110–111.

as by the end of April 1877, the subscriptions raised totalled over 400,000 *Reales*.³⁴⁴

With the hospital fully furnished, Nuñez finally applied for official government authorization to open it, which was granted on the 28th June,³⁴⁵ though it took until the following February, after last-minute work on the façade, for the official opening to take place.³⁴⁶ On the 2nd February, the *Instituto Homeopático y Hospital de San José* was opened by a solemn inaugural mass for the *Siervas de María* (the nuns of the local order of the Servants of Mary) held in the “modest but pretty chapel.”³⁴⁷

Paradoxically for an institution dedicated to preserving life, Nuñez’s first official act concerned those for whom homœopathy could no longer do anything: not content with having the hospital opened, he also ensured that it received all the same privileges of similar institutions, particularly the right for its doctors to certify any deaths occurring within the hospital without involving an external coroner.³⁴⁸ This can be seen as a simple insistence on the right of doctors to practice unsupervised by external influences. On the other hand Nuñez cannot have been unaware of the issues that had confronted British homœopaths in the past, where

³⁴⁴ Álvarez, “Lista de la suscripción pública abierta por la SHM para la fundación y sostenimiento de un hospital homeopático en Madrid,” *ECM* 18 (1877): 192.

³⁴⁵ Secretaría Negociado 4^o Beneficencia Núm. 990 to Sr. Vicepresidente de la Junta provincial de Beneficencia, 28 June 1877, Hosp. 2, IHHSJ Arch.

³⁴⁶ “Variedades,” *ECM* 19 (1878): 18.

³⁴⁷ “Edición de la mañana,” *Correspondencia de España* (Madrid), 3 February 1878.

³⁴⁸ Nuñez Pernía to Excmo. Ministro de la Gobernación, 25 February 1878, Hosp. 18, IHHSJ Arch.

patients' deaths had been exploited by anti-homœopathic coroners to accuse practitioners of negligence or worse.³⁴⁹ The authorization for "inhumation without recourse to coroners" was granted, subject to "double certification by the doctor in charge and a second doctor from within the establishment."³⁵⁰

With the hospital now officially opened and functioning, the society's principal aim had been fulfilled, a realization that must have caused some turmoil among members, suddenly felt bereft of their main purpose. With Nuñez now director of the new hospital, García López was elected in his stead to the society's presidency, Nuñez remaining as Honorary President. While hospital and society now effectively functioned as separate entities, their ties were still close, the *SHM*'s office and dispensary residing within the hospital building.³⁵¹

Nuñez had established two directorships for the institution: one administrative and one as dean of the faculty, making the institution entirely independent in its day-to-day business. New rules to govern the *SHM* were also introduced, including the necessity for providing an itemized inventory of the society's assets and possessions, to be kept by the hospital's administrative director.³⁵² Out of context, these small rule changes might seem

³⁴⁹ Nicholls, *Homœopathy and the Medical Profession*, 146–148.

³⁵⁰ Francisco Romero Robledo to José Nuñez, 25 February 1878, Hosp. 18, fol. 2^r, IHHSJ Arch.

³⁵¹ See the society's correspondence address as given in *ECM* 19 (1878): 18.

³⁵² García López, "Reglamento," *ECM* 19 (1878): 136.

officious and unnecessary but it can be assumed that both Nuñez and his close friend García López knew that there were storm clouds on the horizon.

Initially at least, all seemed well with the new hospital: Nuñez sent a letter to the authorities in March 1879, informing them of the 155 in-patients, displaying a wide variety of pathologies, that had been received between March of the previous year and 1st January.³⁵³ 138 of these had been discharged as cured and only nine deaths had occurred in the hospital, two of which had died within hours of being admitted, before a diagnosis could be attempted.³⁵⁴

Not only was the hospital getting off to a good start on the clinical side, in November 1878 it also inaugurated a series of “public” courses in homœopathy under the auspices of its “homœopathic institute,” examined further in **Chapter 5**, run separately from the clinics by Nuñez’s nephew, the homœopathic doctor and now dean of the institute, José Nuñez Granés (1854–1918) (figure 2.6).³⁵⁵

Nuñez himself however was not to enjoy his hospital’s success for long. Having fought for thirty years to establish the institution, his health finally no longer allowed him to continue busying himself with the running of the hospital with quite the same vigour.

³⁵³ José Nuñez to Sr. Ministro de la Gobernación del Reyno, 10 March 1879, Hosp. 19, IHHSJ Arch.; more details on diseases seen at the hospital will be given in **Chapter 4**.

³⁵⁴ Ibid.

³⁵⁵ Alvarez, “Sesión literaria del 11 de noviembre de 1878,” *ECM* 19 (1878): 530.



Figure 2.6: Dr. José Nuñez Granés (1854–1918)

On 5th November, García López called an extraordinary meeting of the SHM to inform members that their honorary president was suffering from pneumonia, with no view of recovery. Illustrating just how important a figure Nuñez had become for Spanish homœopathy, it was decided to keep the society in permanent session, with two secretaries taking turns to staff the offices around the clock, so that any change in his health could be communicated to members without delay. Those closest to him took turns by his side day and night, evoking an image of court dignitaries keeping watch over an agonizing monarch.³⁵⁶ Nuñez never recovered, dying at 9 o'clock on the morning of the 10th November 1879, not without causing one last uproar among the allopathic medical community: some months before his death, Nuñez had obtained a royal decree authorizing his body to be buried within the hospital's ample grounds, causing the

³⁵⁶ A. García Díaz, "Sesión extraordinaria del 5 de noviembre 1879," *ECM* 20 (1879): 482–483.

exasperated editors of *El Siglo Médico* to exclaim that, no doubt, a licence had also been granted to declare the homœopathic hospital a “sacred place:” “There’s privileges even for this!”³⁵⁷

2.3.6 Nuñez’s Difficult Legacy: the Instituto Homeopático y Hospital de San José after its Founder’s death, 1879–1898

By the time of its founder’s demise, the IHHSJ had provided treatment to 322 inpatients, as well as to many outpatients who were seen by voluntary SHM members taking turns in the dispensary. As mentioned previously, the hospital was run by an administrative and economic director together with a faculty dean, the latter in charge of the *Instituto Homeopático*, the institution’s academic arm. It might seem strange that Nuñez had sole authority to introduce all the structural rules by which the institution would be governed, until one remembers that he had effectively made the hospital his property, much to the displeasure of some less ‘docile’ members of the SHM. Indeed at first, grateful to see its long-standing ambition fulfilled, the SHM had offered to name the institution in Nuñez’s honour (the name finally chosen being that of his patron saint, St. Joseph) and grant him an honorary position therein, neither proposal being accepted.³⁵⁸ Instead it seems that his legal mind helped him once more to shape the instruments by which he could establish the hospital following his precise ideas, as will be seen below.

³⁵⁷ “Crónica,” *El Siglo Médico* 26 (1879): 734.

³⁵⁸ Antón Cortés, *125 Aniversario*, 13.

By 1878, *SHM* members must have been in a jubilant mood: after decades of fruitless campaigning; after three royal decrees; after years of building work, always under threat of running out of funds before completing the task, the *IHHSJ* was at last ready to begin its functions under the society's auspices. Nuñez however had a different plan for—as he no doubt saw it—his life's work. On the 6th and 11th March 1878, he communicated to the society his designs for establishing a foundation, separate from the *SHM*, in which ownership would be vested. The original foundational clauses Nuñez submitted before notary the following month made it clear that he saw the *SHM* as superfluous, its mission completed since there was now both an institute and a hospital where homœopathy could be taught and practised. In recognition of the society's important role in achieving this milestone, he decreed that the four “professors” in charge of the institute should be drawn from among the *SHM*'s members, each chair also guaranteeing its holder a small stipend and a seat on the foundation's *Junta de Patronos* (Board of Trustees).³⁵⁹ This board was to be presided by the Prelate of the See of Toledo, with the *vicario eclesiástico* (Vicar General) of Madrid as vice-president. Other members were the local parish priest of Chamberí; the civilian governor of Madrid; the Marquess of Linares (1833–1902), the Duke of Veragua (1837–1910), the Count of Puñonrostro (1812–1890), the Marquesses of Nuñez and the Marquess of Los Salados,

³⁵⁹ García López, “Historia del Instituto Homeopático y Hospital de San José,” *Boletín Clínico* 1 (1881): 86–87.

the last two—descendants, respectively, of José Nuñez himself and of his brother Joaquín—being entrusted by birthright with the institution's two directorships, if deemed capable by the Trustees.³⁶⁰ It is important to note that only two of the Trustees were specifically mentioned by name, namely Dr. Pedro de Aróstegui Larraondo and Dr. Gabriel Martínez Tortosa (?-?), representing the *SHM*'s "honorary and merit" members, while a further four, though individually named, were only selected as Trustees by virtue of being the current holders of the Institute's teaching positions, making the selection practically permanent as the role of Trustee was vested in the title, political post or institute appointment (chosen arbitrarily by the Trustees) rather than in particular persons.³⁶¹ These titles merit a brief examination: the "Cardinal-Archbishop" of Toledo was the Primate of Spain, its highest ranking Catholic authority, the inclusion of Madrid's *Vicario* as vice-president probably being a realistic assessment of the former's inability to attend most meetings, though ensuring that his authority was nevertheless present through his plenipotentiary.³⁶² The capital's Civilian Governor on the other hand represented the highest civilian power in the province of Madrid. Both the Marquess of Linares and the Duke of Veragua were among the most influential aristocrats of the time, senators

³⁶⁰ Instituto Homeopático y Hospital de San José, *Reglamento para el régimen y gobierno del Hospital de San José y Instituto Homeopático de Madrid* (Madrid: Aribau, 1880), 3.

³⁶¹ Ibid.

³⁶² Ramón González Ruiz, "La primacía de Toledo y su ámbito territorial," *Memoria Ecclesiae* 28 (2006): 383.

with close connections to the hospital from the time of the international subscription of funds for its establishment, while the Count of Puñonrostro was an influential politician whose previous roles included that of Head of the Royal Household.³⁶³ With these appointments, Nuñez clearly sought to acquire the tripartite protection of the church, local government and aristocracy for his hospital in perpetuity. Most importantly, Nuñez decreed that, should the foundation at any point cease to fulfil its intended purpose or any attempt be made to wrest control from the Board of Trustees, full possession would revert to his heirs, a clause later amended to include the restitution of all original donations.³⁶⁴

On the face of it, it seems inconceivable that the *SHM* approved such behaviour, rubberstamping what can only be interpreted as an attempt at enshrining all control in one man's quasi-feudal rule over the institution as a hereditary right to be passed on to his descendants. It is less puzzling if one considers that the *SHM* was at that point led by Nuñez's closest friends. Furthermore, García López writes that while there had indeed been some disquiet in the ranks, a majority of the membership felt that they owed much to the aging Nuñez, and as such had the desire

³⁶³ All biographical details are taken from: Real Academia de la Historia, *Diccionario Biográfico Español*, 30 vols. (Madrid: Real Academia de Historia, 2009–2012).

³⁶⁴ García López, "Historia," 87–88. The original foundation document, signed by Nuñez before the Madrid notary José García Lastra on 5th April 1878 can be found in the Foundation's archives: "Escritura de constitución de la fundación," Instr. 070, IHHSJ Arch.

not to argue with the Marquess of Nuñez, to whom the homœopathic school owed so much and without whose powerful support the building of the hospital would not have been completed. They did not want to upset him by opposing his plans, even when these differed from some of the society's aspirations. His many services, his advanced age ... deserved such considerations.³⁶⁵

Some inferences could be drawn about Nuñez's character—not entirely dissimilar in its intransigence from Quin's, though seemingly without the sociable nature—and the way others saw him from this willingness to, albeit temporarily, relinquish their own interests so as not to upset a powerful old man. Interestingly, the society—always according to García López's version of the facts, which may have been coloured by his own close friendship with the deceased—explicitly intended to defer its more extensive involvement in the institution until after Nuñez's death and for this reason approved the proposed clauses of foundation without much fuss.³⁶⁶ Yet the *SHM*'s hopes of eventually taking over the hospital were soon dashed. While the original clauses still stipulated their involvement on the Board, this was eventually substantially watered down. After Nuñez's death, directorship of the institution fell to Nuñez Granés and while the trustees and staff still consisted mainly of society members, it is clear that this was merely incidental. A new rulebook printed in 1880 still included a section on "Relations of the *SHM* with the Institute," by which the society was granted inspection rights and all members

³⁶⁵ García López, "Historia," 90.

³⁶⁶ *Ibid.*

automatically assigned the rank of clinical consultants. Similarly, all members could apply to teach a course in the institute and the society was to be part of the examining board for the homœopathic school.³⁶⁷ Nuñez had also considered how best to keep the free dispensary active once it no longer was the only medical appointment available to homœopaths: Article 29 of the provisional rules of 1878 guaranteed first line of promotion to any vacancy in the hospital to those members who had previously volunteered their services in the dispensary.³⁶⁸

Relations between the institution and the society's new leadership, consisting—after García López's resignation—of all those who had once opposed Nuñez and joined Hysern in his rival (though short-lived) *Academia*, became so fraught that a new separate journal was founded in 1881. Published by the hospital's management and featuring clinical reports on interesting cases, the *Boletín Clínico* was also used as a platform for sparring with the society's *Criterio Médico*, increasingly vocal in its criticism of the defunct Marquess and his followers' handling of hospital affairs, even calling the conditions therein “anarchic.”³⁶⁹ Unsurprisingly, this did little to foster cooperation between the two bodies and by 1881 the society had been cut out entirely from the hospital and institute's regulations, all previous privileges revoked. The positions in the hospital, once reserved for members of the SHM were now to be

³⁶⁷ *Reglamento* (1881), 30.

³⁶⁸ García López, “Historia,” 74.

³⁶⁹ “Comunicado,” *ECM* 22 (1881): 56.

filled by the Board of Trustees as they saw fit and the society's right of inspection was vested in a single Trustee, selected internally each year from among Board members and given the title of *Visitador*.³⁷⁰ Luckily for the institution, it seems the general public had little—if any—knowledge of these turf wars. Both hospital wards—only two of the four, one male and one female, were initially opened due to scarce resources—and the dispensary saw ever increasing numbers of poor patients, suggesting that the hospital was indeed building up a reputation: despite having only a small number of beds, 390 inpatients were received in 1880, with an additional 5969 individual outpatients treated in the dispensary (amounting to over 23,000 outpatient consultations, just over four per patient on average).³⁷¹ Financially, the hospital was also looking increasingly sustainable: while a deficit of 806 *Reales* existed in 1879, the interests obtained from Nuñez's invested legacy ensured a healthy balance of 11,410.08 *Reales* the following year.³⁷² Similarly, the institute could report an increase of students, after an initial twenty-two inscribed for 1880–81, the figure doubled to forty-four the following year.³⁷³

Despite the *SHM*'s repeated unsuccessful attempts to wrest control from the Trustees, both hospital and dispensary continued their work undeterred, suggesting that at least some members (or

³⁷⁰ *Reglamento* (1881), 7.

³⁷¹ García López, "Historia," 135–136.

³⁷² *Ibid.* 136–137.

³⁷³ Pellicer, *Informe leído en la junta de patronato el día 9 de febrero de 1882* (Madrid: Aribau, 1882), 14.

possibly ex-members) of the society continued to provide their services in the dispensary under the ‘new’ regime. In 1884, a reconciliation of sorts happened, possibly related to Hysern’s death and therefore the removal of the principal objector to Nuñez’s legacy. His son Luis Hysern (?-?), clearly less dogmatic and obstinate than his father, even joined the hospital’s *Patronato*, becoming interim director some years later.³⁷⁴

The transitional period surrounding the institution’s founder’s death can be taken as a further illustrative example of the supreme importance of individual personalities within the Spanish homœopathic community: while Nuñez’s idiosyncratic and above all autocratic ways—noted by even some his closest supporters,³⁷⁵ though excused by his advanced age—were tolerated because his strong personality and social influence was able to drive homœopathy forward to the point of achieving the long-awaited hospital while Hysern’s—an equally strong-willed character—death could effectively act as the catalyst by which hitherto fighting factions could be reunited under a common banner.

A decade later, arguments again broke out over the institution’s management, this time within the *Patronato*. By May 1890, the institute’s secretary Vicente Vignau (1824-?) refused to appear at board meetings or to relinquish essential documents in his power, citing a disagreement between the President and the other

³⁷⁴ *Actas* 1, 4 June 1895.

³⁷⁵ González-Carbajal García, *Homeopatía*, 206.

trustees.³⁷⁶ The President had also frozen the foundation's financial assets deposited at the *Banco de España*, making it impossible to pay the institute's teachers' stipends (the salaries for nurses and other staff seem to have still been covered by other income).³⁷⁷ By September the situation appears to have been resolved as the acquisition of new equipment was discussed with "electricity, micrography, hydrotherapy, etc." soon to be offered to *San José's* patients.³⁷⁸ Financial problems would however continue to dog the hospital, as whoever wielded the power of attorney over the invested funds could effectively hold the institution to ransom at their whim. Despite such setbacks, the dispensary's success at least was such that by July 1891 the waiting area had to be expanded to accommodate 100 waiting patients (figure 2.7).³⁷⁹ New departments for "electrical treatment" and for "women's diseases" were also opened, the hospital's reputation (either for clinical success or for its trustees' financial largesse) seemingly transcending Spanish borders, as French manufacturers of clinical instruments and equipment were keen to offer important discounts, free delivery and installation of their products.³⁸⁰ By 1892, there was even talk of expanding the hospital further by acquiring the adjacent mansion built by the Marquess of Los

³⁷⁶ *Actas* 1, 17 May 1890; these documents and minutes of board meetings before 1890 were never recovered from Vignau, making it impossible to ascertain the reasons for the arguments.

³⁷⁷ *Ibid.*

³⁷⁸ *Actas* 1, 28 September 1890.

³⁷⁹ *Actas* 1, 7 July 1891.

³⁸⁰ *Ibid.*



Figure 2.7: Outpatients' dispensary pavilion, showing the different specialist doctors' clinic hours, 1929.

Salados to accommodate administrative rooms and the director's living quarters, particularly as the current owner, a trustee himself, offered the premises at a substantial discount.³⁸¹

Beyond the foundation's substantial tangible assets, it must be remarked that the hospital's directorship had also clearly become a valuable *intangible* privilege in its own right. While all trustees and directors worked without remuneration, just being on the hospital's board seems to have acquired a certain social cachet in Madrid society, just as being appointed medical consultant to the institution placed a practitioner at the very top of the homœopathic profession. To be director of the institution must

³⁸¹ *Actas* 1, 2 September 1892. For details of this building's history see also Antón Cortés, "El Instituto Homeopático," 11–13.

have been a particularly palatable privilege, not so much for the recognition in medical circles (after all the allopathic establishment remained—at best—indifferent to the institution) but because of the institution's association to important and influential names among its donors and trustees, presumably commanding a degree of respect and recognition by association.

This perceived value is illustrated by the fact that one of the longest running 'battles' in the institution's history was over the legitimacy of Nuñez's godson and successor to the title, José Guillermo Fano y García's (?–1924) claim to the directorship, disputed by Nuñez Granés.³⁸² Eventually, only after Nuñez Granés was succeeded to the directorship by his brother Carlos, Fano was admitted as a trustee in June 1895—despite continued reservations as to his suitability or even legal right of succession to the title 'Marquess of Nuñez'—though only to keep the institution out of drawn-out legal battles that might damage both its reputation and finances.³⁸³

Similar arguments continued to flare up over the next years, at one point descending into farce when both Marquesses of Nuñez and Los Salados joined forces against the other trustees, barricading the hospital (though seemingly with tacit agreement

³⁸² *Actas 1*, 6 December 1892.

³⁸³ *Actas 1*, 12 June 1895; Fano y García apparently on occasion styled himself "Director-propietario" (director-owner) of the institution, despite having no such claim, perhaps a further indication of the social prestige associated to the hospital: Antón Cortés, "El Instituto Homeopático," 15.

of its medical and nursing staff, who remained at work within) and instructing one of their coachmen to fire upon anyone attempting to gain entry, in an attempt to bend the Board to their will.³⁸⁴

Incredibly, these continual internal arguments seemed to barely dent the institution's public success, a testament to the dedication to the doctors and nursing staff labouring within, oblivious of squabbles among trustees: in 1896, a new private patient ward was opened on the first floor, due to the current one being required to house the overflowing numbers of poor in-patients.³⁸⁵ Even in 1899, at least according to a report by José Nuñez Granés, the hospital was still functioning, though its income was mainly derived from investment interests rather than from donations or private patients.³⁸⁶

It can be asserted that, while no doubt led by the best intentions of ensuring the perpetual survival of the hospital he had built, José Nuñez Pernía's last will and testament actually was the root cause for years of strife and problems that might possibly otherwise have been avoided. The final decade of the 19th century appears marred by legal battles between trustees and the successors to the titles of Nuñez and Los Salados. Nuñez's idea of ensuring continuity of direction actually placed the Board of Trustees in a situation where the hospital might have been run by men who were neither

³⁸⁴ *Actas 1*, 20 July 1899.

³⁸⁵ *Actas 1*, 11 April 1896. Further details on patients can be found in **Chapter 3**.

³⁸⁶ José Nuñez Granés, "Cuenta general de la caja del hospital," MEM 11, IHHSJ Arch.

administratively competent nor homœopaths or even medically qualified and whose own interest in the practice was never evident beyond a desire to bear the title of 'director' of Spain's most prestigious homœopathic institution.

There is little doubt that the hospital owed its survival to some extremely dedicated and diplomatic men among the trustees, but also to the doctors and the nuns of the order of St Vincent de Paul under whose auspices the nursing care had been since 1888.³⁸⁷ It is documented that the hospital survived throughout the first decades of the 20th century.

Under the directorship of the founder's grandson Joaquín Nuñez Grimaldos, Marquess of los Salados (1884–?), between 1926 and the outbreak of the Spanish Civil War in 1936, the homœopathic dispensary was rebuilt and the hospital restored and modernized.³⁸⁸ This new phase was short-lived, however, as in 1936 the hospital was requisitioned by the military authorities as a provisional field hospital, a period during which much of its documentation and library were irrevocably lost. Its homœopathic activities recommenced after the war though never quite reached

³⁸⁷ See **Chapter 3** for the Servants of Mary and the Daughters of Charity's role in the hospital.

³⁸⁸ [Francisco Pérez Sánchez], "Inventario de documentación, muebles y enseres," Inv. 005, IHHSJ Arch.; see also "Entrevista a Joaquín Nuñez Grimaldos," *Revista popular de hygiene y sanidad* (Madrid), 1 December 1933.

the same levels witnessed during the last two decades of the 19th century.³⁸⁹



³⁸⁹ Alfonso Galán, "Spanien," in Dinges, *Weltgeschichte*, 217.

Chapter 3

Homœopathic Hospital Demographics: Staff, Volunteers and Patients in London and Madrid

This chapter goes beyond the foundational history and exterior of the two hospitals to ‘lift the lid,’ or at least peer through any perceivable apertures, to shed some light on what lay within. Some facts about these institutions seem obvious, such as the reasonable expectation to find homœopathic medical men—no female doctors were admitted to either institution, or indeed to Spanish medicine more generally, for most of the nineteenth century—treating poor, or on occasion private paying, patients with homœopathic remedies. Other questions concerning the precise identity of both medical officers and patients, pose more difficulty. Unfortunately, any detailed examination of the two institutions must be preceded by a number of caveats regarding the availability—and possibly validity—of sources. Bearing this in mind, this chapter explores the ‘human factor’ of the institutions,

to obtain a more detailed image of the practitioners, associated lay persons and patients that populated the two hospitals' wards.

3.1 *Hospital Demographics, a General Introduction*

Inevitably, details on the 'inhabitants' of these institutions are more numerous for the elite "heroic pioneers,"³⁹⁰ in the case of this study represented by Quin, Nuñez and their respective inner circles, whose lives were chronicled as a matter of course by their admiring followers (or their resentful opponents), allowing for the biographical accounts presented in the previous chapters. For others, particularly patients, but 'junior' practitioners and those providing nursing or non-medical support, few contemporary reporters can be found and so their existence in many institutional histories was often relegated to mere background shades.³⁹¹ In this, unfortunately, no difference exists between allopaths and homœopaths, senior homœopathic practitioners often being granted the epithet of 'pioneers' (not to mention the "Immortal Hahnemann," as he was reverently referred to—even in life—by many of his followers), willing to risk their professional reputation

³⁹⁰ Porter, "The Patient's View: Doing History from Below," *Theory and Society* 14 (1985): 175.

³⁹¹ Much has been done to redress the balance in the last decades, social and patient-oriented history now being important fields within the history of medicine and hospitals, though often constrained by a scarcity of sources beyond those left by medical practitioners, large campaigning organizations or historical celebrities. For some good examples of specifically patient-focused histories, see: Dinges, *Patients*; Johanna Bleker, Eva Brinkschulte and Pascal Grosse, eds., *Kranke und Krankheiten im Juliusspital zu Würzburg 1819–1829* (Husum: Mathiesen, 1995) and Stuart James Hogarth, "Reluctant Patients" (Ph.D. diss.: London Metropolitan University, 2010).

for what was, after all, a new and revolutionary medical school. Their patients' perspective is mostly absent, with the notable exceptions of those of sufficient social standing to merit their own biographic accounts; made famous by association with the 'master' or one of his close 'disciples;' exhibiting particularly rare or interesting pathologies warranting in-depth investigation; or simply by virtue of being used as proof for a homœopathic cure where other treatment had failed. Even such accounts were often one-sided, the patient's own comments and actions merely interpreted by their doctor.³⁹² This is all the more surprising considering the homœopathic treatment's reliance on extensive anamnesis, for which the patient's own recollections, feelings and history prior to illness are necessary, yet for both London's and Madrid's hospitals the situation is the same, with no pertinent documents or accounts surviving that could allow a deeper understanding of their patient's motivations or thoughts about their treatment. One can however at least sketch out both the doctors in the foreground and the hazy figures in the background

³⁹² It is possible to gain a substantial insight into patients treated by Samuel Hahnemann himself, by his wife or by Bönninghausen and a number of other homœopathic practitioners, through correspondence and meticulous patient journals collected in the IGM archives in Stuttgart, some of which have been the basis of studies. Lear, Bosanquet and Lorentzon also examined the patients treated at the LHH from clinical records spanning the last decade of the 19th century, though their focus was mostly on the remedies employed with only few other details on patients beyond their profession and none for the preceding decades. See: Leary, "Homœopathic Prescribing" and Bosanquet and Lorentzon, "Patients."

to understand who populated these institutions, both inside the wards and beyond as well as what ‘class’ of patients they attracted.

3.2 *Medical and Principal Officers of the 19th-Century London Homœopathic Hospital*

The *LHH* was founded upon a set of laws inextricably linking it to the membership of the *BHS*, founded by Quin in 1844 (see 1.3). The “fundamental” law 47 incontrovertibly regulated appointments to the institution:

XLVII. The Medical Officers, according to a fundamental condition on which the Hospital was founded by the British Homœopathic Association, shall be Fellows or Members of the British Homœopathic Society, which Society admits into its body Homœopathic Practitioners of all countries, of good professional character and conduct, who possess a Degree or Diploma from an University, or licensing body, exacting from its Graduates and Licentiates residence during a prescribed curriculum of study and personal examinations. The Medical Council shall have the power of recommending to the Board of Management, for the consideration of the Governors, any distinguished Homœopathic Practitioner whose election to the Medical Staff of the Hospital might be likely to prove advantageous to the Charity, although he may not belong to the British Homœopathic Society, provided he cause himself to be enrolled a member of the Society on becoming a Candidate.³⁹³

This was by no means an uncontroversial dictum: Some saw it as an unnecessarily exclusive privilege given to members of the *BHS*, which represented only a fraction of Britain’s practising

³⁹³ London Homœopathic Hospital, *Laws*, 17.

homœopaths, the hospital therefore deliberately excluding a majority of potential supporters.³⁹⁴

Quin successfully passed the law by appealing to the members' sense of duty towards the BHA to whom the institution owed its existence, urging them to "listen to no compromise, and let their motto now and ever be, 'no surrender'" on this point³⁹⁵ The LHH's medical officers were therefore confirmed as always being drawn from among the Society's membership, each appointment to the *honorary* medical staff initially lasting for seven years, with a possibility of re-election for a further term.³⁹⁶

All of the hospital's provisional medical officers, consisting of four physicians and three surgeons, were confirmed at a special meeting convened for the 17th February 1851, when an additional surgeon and assistant surgeon were also elected. Through the minutes of this meeting, we know the names of the first officially appointed honorary medical officers (see table 3.1), all of whom conformed to the Society's membership requirements, medically qualified and thereby theoretically placing the hospital beyond reproach with regards to any accusation of unqualified quackery.

³⁹⁴ "Special General Meeting," *Minutes* 1, 9 December 1850.

³⁹⁵ *Ibid.*

³⁹⁶ London Homœopathic Hospital, *Laws*, 8.

Table 3.1: Honorary Medical Officers of the *LHH*, elected 17th February 1851.

Physicians	Surgeons
Frederick Quin MD	Stephen Yeldham LAC MRCSE
Victor Massol MD	Henry Reynolds MRCSE
Edward Hamilton MD	Thomas Mackern MD MRCS LRCSI
Samuel Thomas Partridge MD (Physician Accoucheur)	Thomas Robinson Leadam MRCS (Surgeon Accoucheur)
	John Gitters Young MRCSL (Assistant Surgeon).

Looking beyond the medical officers, the initial structure of the hospital consisted of a Patron; Vice-patron; President, thirteen Vice-Presidents; a Chairman; four trustees; a treasurer; honorary secretary; Board of Management consisting of twenty-one governors or subscribers; two auditors; an advising medical council (presided over by Quin in his capacity of President of the *BHS*) and finally the aforementioned voluntary medical officers, as well as a paid resident medical officer and dispenser of medicine; chaplain; matron; collector and domestic servants. It is noteworthy that, just like most general hospitals in the English metropolis at the time, the appointment of medical and ancillary staff rested firmly with the Board of Management, although—officially at least—paid medical appointments took the medical council’s advice into account.

Further additions to the medical staff were made in subsequent years so that, by the time the hospital had to close its doors for the first time in 1857 due to its expired lease, a total of eight physicians and seven surgeons were in charge of its wards, illustrating a need

that was far greater than the established maximum staff numbers. With the move to Great Ormond Street in 1859, a number of changes were made, including an adjustment to the number of medical officers and their positions. This not only allowed for more medical officers to be appointed as assistant physicians and assistant surgeons (thereby increasing the 'turnover' for new officers beyond the stipulated seven years between vacancies) but also enshrined the physicians- and surgeons-accoucheurs as permanent specialties on the staff.³⁹⁷ Another notable change was the introduction of a dedicated "dispenser of medicine," a role formerly undertaken by the Resident Medical Officer.³⁹⁸ Considering the latter's extensive duties, it is understandable that they required assistance: Resident Medical Officers were required to live in the hospital, being in constant attendance except for the hours between 3pm and midnight (presumably a time when the nurses and matron could be left in charge). They had to visit the wards every morning no later than 9am, reporting any changes to the honorary medical officer in charge; in the absence of honorary officers, they were responsible for admissions as well as outpatients; they had sole responsibility for maintaining the registers; give evidence at any inquests; attend all post-mortems; prepare the annual statistics; maintain the surgical instruments and oversee the dispenser. With these manifold duties, it seems

³⁹⁷ "Laws of the London Homœopathic Hospital and Medical School," *Minutes* 1, 17 May 1859.

³⁹⁸ *Ibid.*

almost churlish that they were also forbidden from practising “out of the Hospital, nor on his own account” or be engaged on any other business unrelated to the institution.³⁹⁹ Indeed it soon became necessary to appoint an *assistant* resident medical officer as support, though financial constraints forced the Board to make this position an honorary one at times.⁴⁰⁰

A major shift in the distribution of honorary medical staff occurred in 1869, when new specialisms, such as the “Medical Officer for Diseases of Women” and the “Medical Officer for Diseases of Children,” were created while at the same time removing the distinction between physicians and surgeons and allowing an *indefinite* number of medical officers to be appointed “if required.”⁴⁰¹ Medical officers were now divided into two classes, not by training (physician versus surgeon) but by area of engagement, namely in-patients or outpatients, the patterns of lateral promotions ratified in subsequent meetings suggesting that a place among the former was more highly prized than being in charge of outpatients. The additional flexibility afforded by the possibility of appointing officers who were “either physicians or surgeons,” seemingly without preference, can perhaps be explained by a general shift in perception within the hospital towards the old medical qualifications, a homœopathic education being seen as more important than the distinction of being a

³⁹⁹ Ibid.

⁴⁰⁰ “Annual General Meeting,” *Minutes* 1, 20 April 1860.

⁴⁰¹ “Annual General Meeting,” *Minutes* 1, 30 April 1869.

physician or surgeon. Alternatively, it may be possible that the BHS, as predicted by opponents to *Law 47*, was simply unable to supply a sufficient number of either category, the blurring of boundaries therefore making it easier to fill positions. There might also be something to be said about the distinction between the tasks performed by surgeons and physicians in this hospital, but this will be examined in 4.5.

Another important change was a surreptitious shift of the power balance within the hospital, undermining the medical council in favour of the Board of Management who now held the power to recommend any candidate of their choice to the Subscribers and Governors, with no need for consultation. Only in 1896 was the Medical Staff's permanent right to nominate two Board members of their choice (as opposed to having two outside medical men selected on their behalf to represent their interests) be enshrined in the Laws through an amendment, thereby giving them a larger stake in the hospital's business.⁴⁰² It must be noted that the governors and subscribers of the institution were by no means exclusively dedicated to homœopathy, many seemingly also having charitable interests in other London hospitals. As a result, decisions were sometimes made modelled on other larger institutions, their governors effectively acting as consultants, ensuring that the hospital was never 'out of touch' with the wider Metropolitan hospital world: for example, in 1884, the medical

⁴⁰² "Special General Meeting," *Minutes* 1, 27 March 1896.

officers' seven-year appointments provisions were revised, becoming yearly (re-) electable positions, an alteration specifically modelled on one of London's largest hospitals, St. Bartholomew's, where one of the meeting's participants, Francis Bennoch (1812–1890), was also on the Board.⁴⁰³ In 1896 a final change to the qualifications required to serve as medical officer was introduced: whereas hitherto a “medical qualification” from any recognized body had sufficed, it was clear that the Board of Management was keen to ensure all clinical staff had a qualification enabling them to practise interchangeably in all departments, as well as conforming to the new ‘standards’ set in medical education. As a result, it was determined by an amendment to the “fundamental law” that all medical officers wishing to practise in the hospital were required to possess a “registerable double qualification in medicine and surgery.”⁴⁰⁴ Furthermore an increased specialization took place within the hospital's departments from at least 1891 (the earliest evidence identified for this being the hospital's 1891 *Reports*), with the introduction of an ophthalmic surgeon, a physician for diseases of the ear and a dental surgeon additional to the positions hitherto in existence.⁴⁰⁵ Those qualified as surgeons could now also practise as “assistant physicians” and for the first time a dedicated anaesthetist was on staff, a position held by Dr John Roberson Day (1860?–1935?). Outpatients were received daily

⁴⁰³ “Special General Meeting,” *Minutes* 1, 13 November 1884.

⁴⁰⁴ “Special General Meeting,” *Minutes* 1, 27 March 1896.

⁴⁰⁵ “London Homœopathic Hospital, Medical and Surgical Staff 1891,” *LHH Reports* 1 (1891): xiii.

for general treatment but specialization was also taking root there, with clinics for the diseases of women, of the skin, of the eye, of the ear and of the throat being available on specific days.⁴⁰⁶ The creation of specialist departments simply seems to have reflected what was common practice in other metropolitan “general” hospitals, the *LHH*, far from excluding any changes *a priori*, being keen to emulate whatever they deemed worthy in other institutions, including special departments and some treatments not immediately associated with the homœopathic doctrine.⁴⁰⁷

While some medical officers remained attached to the hospital for the best part of their professional life—some, like Quin and Stephen Yeldham (1810?–1895), were named honorary consulting medical officer upon official retirement—not all saw their appointment as the pinnacle of their career. While some did remain for over three or even four decades, the norm was closer to a tenure of between two and four years, the institution indeed providing a certain degree of ‘turnover’ and thereby a possibility for new members of the *BHS* to achieve a hospital appointment, as originally intended.⁴⁰⁸ Furthermore, it also seems that these appointments were by no means reserved for established figures among the homœopathic ‘elite’: some like John Hamilton McKechnie (1823–?), who remained with the hospital for twenty-

⁴⁰⁶ Ibid.

⁴⁰⁷ Charles Knox Shaw, “A Report on Operative Surgery at the London Homœopathic Hospital, 1887–1890,” *LHH Reports* 1 (1891): 71.

⁴⁰⁸ Homœopathic Research & Educational Trust, *The Hospital 1849–1949*, 22–24.

nine years, or Thomas Neatby (1835–1911), who only worked there for three years, had only just completed their medical studies when joining the institution as assistant physicians.⁴⁰⁹ The appointments were, for almost the entire nineteenth century, an exclusively male domain. While the 1876 Medical Act had for the first time allowed medical schools to grant diplomas to graduates irrespective of sex, it took a further two decades for a woman to be appointed at the *LHH*. Even then, her appointment was not as an *honorary* medical officer, arguably—though unremunerated—the more prestigious job: in 1898, Edith Neild (1874–1927) was appointed to the newly created post of “third resident medical officer,” her duties “mainly relegated to the gynaecological department.”⁴¹⁰ Some deemed this “new departure” long overdue, the *MHR* stating its surprise that it had taken so long for the Board to take “a step of this kind,”⁴¹¹ though it apparently took the considerable influence of house committee chairman Sir Henry Whatley Tyler (1827–1908) to convince some of the hospital’s more reticent governors: one of these, Board Vice-chairman Captain James Cundy (1822–1909) admitted that he “fought shy of the appointment,” though he became a convert to the policy of having a “lady house doctor,”⁴¹² Neild having shown herself to be a great

⁴⁰⁹ See **Appendix F** for a list of honorary staff between 1850 and 1899.

⁴¹⁰ “A new departure at the London Homœopathic Hospital,” *MHR* 42 (1898): 703.

⁴¹¹ *Ibid.*

⁴¹² “London Homœopathic Hospital,” *Homœopathic World* 34 (1899): 225.

success.⁴¹³ Neild was also the first female member of the *BHS*, its president deeming the matter “a very noteworthy incident,” also expressing surprise that this had not occurred sooner, the society’s rules not “legally” precluding women from joining—a somewhat disingenuous sentiment perhaps as the actual phrasing “Members must be Medical *men*” (my emphasis) could hardly be deemed as inclusive or inviting.⁴¹⁴ It would take a further three years for the Society to amend this to “Men or Women,” after the second “lady member,” Lilian Maude Cunard Cummins (1872–1954) joined in 1901.⁴¹⁵

The hospital’s honorary and resident medical officers counted on the support of one group of hospital ‘inhabitants’ above all others, one which was surprisingly seldom mentioned in any of the hospital’s reports: the nursing staff.

3.3 Nursing Staff at the London Homœopathic Hospital

Lorentzon made an attempt to clarify the role of the hospital’s nurses based on records found during building work in the mid-1990s, she focused almost entirely on nurses’ management, education and professional prospects in the last decade of the nineteenth and the early twentieth century, giving few details about previous periods beyond an analysis of general trends in

⁴¹³ *Ibid.*: 223.

⁴¹⁴ “Laws and Regulations of the British Homœopathic Society,” *JBHS* new ser., 1 (1892–1893): Appendix, 3.

⁴¹⁵ “Members of the British Homœopathic Society,” *JBHS* new ser., 9 (1900–1901): ix.

London's nursing and the conclusion that more research needed to be done.⁴¹⁶ It is clear that nurses (in the broadest sense) must have been present at the *LHH* from the beginning—a “matron” being mentioned in the first printed *Laws* in 1851—though their importance and number grew over the years as the premises were enlarged and the number of beds increased. The first specific reference to *nurses*, noted as “wages to nurses and servants,” was in the yearly accounts for 1861–62.⁴¹⁷

While not as often remembered or effusively thanked at governors' meetings and in annual reports as the “lady visitors”—about whom more shall be said below—nurses were nevertheless clearly seen as an important asset whose attention to patients contributed positively to the wards.⁴¹⁸ However, as long as they did their duties to the standard expected—Dickens' notorious nurse Gamp being an oft-mentioned contrast used by medical officers and governors to illustrate just how efficient and respectable the hospital's nursing staff were—they seemed not to weigh too heavily on the Board of Management's mind over the first few decades.⁴¹⁹ In fact, an early mention of Matron and two nurses

⁴¹⁶ Lorentzon, “Nurse Education,” 20–27 and “Management of Nursing,” 55–61.

⁴¹⁷ “Annual General Meeting,” *Minutes* 1, 29 April 1863; the relevant entry shows the year's total wages to nurses and servants as £137/12/4d (approximately £5,949 in 2005).

⁴¹⁸ “Annual General Meeting,” *Minutes* 1, 28 April 1868.

⁴¹⁹ Sarah Gamp, a character from Dickens's *Martin Chuzzlewit*, was a slovenly, often inebriated nurse specializing in laying-in care and the laying out of the dead, supposedly based on a real person and widely considered a fairly accurate picture of sick-nurses in the 1840s. The character became British doctors' shorthand to describe incompetent or disobedient nurses and became a

catching “fever” (typhoid?) from a patient was deemed noteworthy to the Board not because of concern for the nursing staff—one of whom died from the disease—but because of the potential danger to donors’ and subscribers’ families if their servants, sent to the hospital for treatment, came into contact with infectious cases.⁴²⁰ Only around the last quarter of the nineteenth century did the hospital’s nurses’ value in the eyes of the management increase: from the 1870s, nurses were trained within the hospital to be sent out to care for paying private patients and support homœopathic practitioners, the first year’s experimental attempts bringing in a profit of £145/7/6d, a considerable contribution to the institution’s yearly expenses.⁴²¹

From that point, the nurses (figure 3.1) became an essential factor to be considered when thinking about any alterations or extensions to the building, as an increased nursing staff required increased accommodation, though that outlay would be amply rewarded by additional income from private nursing.⁴²² By 1879, there were twenty-four nurses attached to the hospital and by 1885

stereotype that Nightingale and all later ‘professional’ nurses had to contend with: Lynn McDonald, ed., *Florence Nightingale on Society and Politics, Philosophy, Science, Education and Literature* (Waterloo: Wilfrid Laurier University Press, 2003), 767.

⁴²⁰ “Minutes of the Annual General Meeting of 29th April, 1864,” *Annals BHS* 4 (1864): appendix, vii.

⁴²¹ “London Homœopathic Hospital,” *MHR* 16 (1872): 381; the “nursing institute” is examined further in **Chapter 5**.

⁴²² “Special General Meeting,” *Minutes* 1, 19 June 1877.



Figure 3.1: LHH Nursing Staff (and “Barton” Ward’s resident dog), c. 1896.

this figure had risen to thirty-five, while room was available to house fifty.⁴²³

The best information we have about the nurses’ work comes from an interview conducted by the House of Lords’ Committee on Metropolitan Hospitals with Miss Marian Brew (1836?–1913), the hospital’s long-serving Irish “Lady Superintendent of Nursing,” in 1892, by which point fifty-five nurses (twenty-one for the wards and thirty-four private) were employed and the hospital had sixty-five of its ninety beds “in work.”

They go on duty at seven in the morning, and of course they get off for meals; they are on duty from 7 till half-past 10, and then get a quarter of an-hour for lunch; then half-an-hour at 1

⁴²³ “The Nursing Institute, London Homœopathic Hospital,” *MHR* 23 (1879): 761 and “Annual General Meeting of the Governors, Donors and Subscribers of the London Homœopathic Hospital,” *MHR* 30 (1886): 368.

o'clock for dinner; half-an-hour at half-past 4 for tea; and they go off duty at 8. ... Night nurses come on at 8 [in the evening until] half-past 8 [in the morning].⁴²⁴

Two nurses worked each ward during the day, while one nurse had charge of each floor of the hospital during the night. All received three meals through the day and refreshments were available to them throughout the night if on duty, their main meal consisting of "meat and vegetables, and bread and butter and tea." One senior nurse had charge of night duty six months in rotation, with probationers to assist her who would take two months in turn, the night duty being considered "a part of their training."⁴²⁵ Nurses were entitled to a fortnight's holiday (which often was extended to three or four weeks if staffing needs allowed it) as well as two recreation hours every second day and a day off each month, receiving a wage of between 12 and 30 pounds per annum, depending on position and length of service, with free uniforms, board and lodging.⁴²⁶

Notably, the hospital employed no ward-maids, nurses being required to perform most cleaning duties within the wards (other than floors and grates), something the practical Miss Brew considered beneficial to probationers' training, as "they learn how things should be cleaned by doing them."⁴²⁷ Another remarkable aspect was that nurses clearly did not have to conform to the same

⁴²⁴ *SC Report*, 574–578.

⁴²⁵ *Ibid.*, 574–575.

⁴²⁶ *Ibid.*, 575. Approximately equivalent to £712–£1796 in 2005.

⁴²⁷ *Ibid.*

standards as medical officers, by being exclusively devoted to homœopathy before being hired: while Miss Brew assured the committee that “they all become converts immediately,” she also admitted that she “never [asked] them whether they believe in homœopathy.” While some nurses did leave to work at allopathic hospitals (Guy’s and St. Bartholomew’s being mentioned), they did “always come back to be physicked by our doctors,” notwithstanding Miss Brew’s assurance that they only *believed* “in nursing.”⁴²⁸ This mobility of nurses in hospital circles beyond the homœo- and allopathy divide, still affecting medical officers, is also apparent in the seemingly good relations the hospital’s nurses had with staff at neighbouring institutions, all of whom collaborated, for example, in presenting a carved oak bedside altar “for the wards” to Miss Brew on occasion of her 20th year in post.⁴²⁹

Nurses at the *LHH* stood out for their dedication to the institution, long service being the norm rather than an exception: Miss Brew herself remained in post between 1875 and 1906, but senior nurse “Miss Olive” [Olive Batty] (1841–1925) and Barton Ward’s “Sister Marion” [Marion Francis Rumball] (1856?–1927) (figure 3.2) who retired in 1907 after thirty-one years of service, surpassed this while ten to fifteen years’ service was not uncommon for other nurses—as long as they worked the wards, a distinction Miss Brew

⁴²⁸ Ibid. 576.

⁴²⁹ “Nursing Echoes,” *Nursing Record* 17 (1896): 127.



Figure 3.2: The Sisters and Matron of the London Homœopathic Hospital taking tea on the hospital's roof terrace c. 1896. From left: Sister Laura ("Durning" ward?), Sister Marion ("Barton" ward) with dog, Sister Olive ("Quin" ward), Matron Marian Brew, Sister Mary ("Hahnemann" ward), Sister May (Outpatients' Sister).

pointed out as making a real difference, since "private nurses leave."⁴³⁰

The nurses seem to have also had other talents as well, Miss Rumball's skill in constructing ward instruments and "clinical models" in particular winning her recognition and prizes for

⁴³⁰ Ibid. 575; *BJN* November 18 (1905): 411.

entries to both the Chicago World's Columbian Exhibition in 1893 and the London nursing exhibition in 1896.⁴³¹

Others regularly won prizes for their "nursing notes," though the scientific value of the award may be questionable, considering the jury's foremost admiration for the notes' "neatness ... daintily tied with white satin ribbon" rather than their content.⁴³² The *Nursing Record* also provided the final assessment of the nurses' "real interest and pride" in their hospital, expressing profound and repeated admiration for the quality of their needlework, inspected upon a visit to the hospital, it being "refreshing to visit a Hospital where the pleasures and interest of the Nurses are evidently centred in the same place as their work."⁴³³ This repeated emphasis on talents of questionable relation to their clinical work by writers with a personal interest in the advancement of nursing as a profession is somewhat odd, though it adds a new dimension to Lorentzon's formulation of her question regarding the hospital's nurses' education in later years creating possible "Cinderellas."⁴³⁴

While nurses were mostly absent from the hospital's reports and minutes prior to the 1870s this is not to say that women's contributions to the institution were not generally acknowledged.

⁴³¹ These models appear to have been small dioramas of dolls exhibiting little patients being treated in the hospital's children's ward, while a "tracheotomy table" of her design found much admiration in the London exhibition: "Nursing Echoes," *Nursing Record* 11 (1893): 189; "Nursing Echoes," *Nursing Record* 16 (1896): 459 and "The Nursing Exhibition," *MHR* 40 (1896): 425.

⁴³² "Nursing Record 15 (1895): 231 and 388.

⁴³³ "A preliminary peep," *Nursing Record* 16 (1896): 437.

⁴³⁴ Lorentzon, "Nurse Education," 20; See also **Chapter 5**.

Another group of women was ubiquitous in the hospital's history, their activity chronicled by virtue of their economic importance and social position: these were the hospital's "Lady Visitors."

3.4 *The London Homœopathic Hospital's Lady Visitors*

"Lady Visitors" were mentioned with gratitude in the institution's annual reports, though the customary reply on their behalf was invariably given by one of the medical officers or the hospital chaplain. It would not be overly cynical to suggest that these women were remembered primarily due to their potential for financial support of the institution. Such Hospital visitors were a common feature of Britain's hospitals, though they had little in common with what we understand by the term nowadays. Patients' relatives and friends were either not admitted at all or had their visits strictly limited. Often considered unwelcome interruptions or even posing risks of infection, they could nonetheless also offset the costs of patient care by providing food, clothes and clean linen.⁴³⁵ "Official" or "house" visitors usually inspected the hospitals' activity on behalf of its governing body, their reports being an instrument of governance and control of both patients and medical staff, as well as facilities, to ensure the charities' aims were accomplished as set out by their respective

⁴³⁵ Mooney and Reinartz, "Hospital and Asylum Visiting in Historical Perspective: Themes and Issues," in Mooney and Reinartz, *Permeable Walls*, 9.

subscribers, donors and governors.⁴³⁶ While we do know that members of the Board of Management performed quarterly inspections, reporting their findings to the larger community of governors (effectively acting as ‘house visitors’),⁴³⁷ it is to the voluntary “Ladies” of the hospital that I turn to in this section, in an attempt to clarify their identity and role in the institution. It is noteworthy that, while most mid- to late-nineteenth-century asylums and hospitals had women visitors, they remain a mostly unexamined character, one more shade in many hospital histories, with only very few exceptional studies acknowledging their activities or even their existence.⁴³⁸

Women, excluding patients, first appear in the hospital’s recorded history in 1851, a “Ladies’ Subscription Society” of 226 members being founded under the auspices of Princess Mary Adelaide of Cambridge (1833–1897), the Ladies Somerset and a Committee of Ladies,” with the view of collecting additional funds for the young hospital, contributing just under £150 in their first year.⁴³⁹ Various described as the “Ladies committee” or the “Ladies of

⁴³⁶ See, for example, Reinartz, “Receiving the Rich, Rejecting the Poor: Towards a History of Hospital Visiting in Nineteenth-Century Provincial England,” in Mooney and Reinartz, *Permeable Walls*, 115.

⁴³⁷ “General Meeting,” *Minutes* 1, 9 April 1851.

⁴³⁸ Hospital Visitors in general and Lady Visitors in particular are rarely subject to detailed inquiry in English hospital history, while Spanish historiography is mostly limited to the life and work of Concepción Arenal (1820–1893), a prolific writer, social critic, “visitor of the poor” and advocate of the need for women in a supervisory role in charitable institutions (see also 3.8). Two exceptions that stand out for giving English lady visitors more than mentions *in passim* are: Prochaska, *Women and Philanthropy* and Mooney and Reinartz, *Permeable Walls*.

⁴³⁹ “Annual Meeting,” *Minutes* 1, 15 April 1852.

the committee of the Penny subscription Society,” they contributed similar yearly sums until the hospital’s move to Great Ormond Street, after which no further mention was made of them. From 1864 onwards, “the Lady Visitors,” possibly evolved from the disappeared subscription society, appeared in the records, receiving thanks for their

indefatigable attention to the inmates of the hospital. Their constant supervision enables the board to feel confident that the domestic arrangements of the hospital are thoroughly and efficiently carried out while their interest and sympathy is of the utmost importance to the mental, and consequently the physical comfort of patients.⁴⁴⁰

The Lady Visitors’ inspections continued, their positive reports being used as illustrations of the good work done by the “Housekeeper” and nurses, though their reports appear to have been done in an unofficial capacity, merely mentioning their findings to the hospital secretary, except for 1860 when a report containing an explicit “approval” of the hospital wards’ conditions was handed to the Board of Management.⁴⁴¹ Reinartz points out that Lady Visitors were, by the 1820s, found in most English voluntary hospitals, initially to save male house visitors the embarrassment of having to enquire into female cases but increasingly casting a critical eye over all domestic and nursing

⁴⁴⁰ “Annual Meeting,” *Minutes* 1, 25 April 1866.

⁴⁴¹ “Annual Meeting,” *Minutes* 1, 28 April 1868.

arrangements of ‘their’ institution, a development not always welcomed by ward staff.⁴⁴²

The *LHH*’s Lady Visitors also had a book in which to record all their observations on the wards, a “mode of supervision” reassuring to “those who gave money in support of the institution.”⁴⁴³ Overall however, it seems that the Lady Visitors of the *LHH* did not see their role primarily as inspectors of the housekeepers, matrons and nurses but one of supporting the institution through fundraising and directly contributing to the patients’ wellbeing in the wards by “sympathising with [them] in their sufferings” thus also being of “great comfort to all those who had friends admitted as patients to these wards.”⁴⁴⁴ Fundraising was generally seen by hospital governors as a “respectable outlet for women’s energies” that would nevertheless keep them safely away from the male dominated “business of running the hospital,” an area for which women were deemed wholly unsuited.⁴⁴⁵ Indeed the *LHH*’s ladies were seemingly not encouraged to voice any opinions they might have on the hospital’s business except in discrete communication with the Board, an unobvious hint to this effect being provided by deputy Chairman Charles Trueman (1802–1882) in his suggestion

⁴⁴² Reinarz, “Receiving the Rich,” 42–45.

⁴⁴³ “Annual Meeting of the Governors and Subscribers of the London Homœopathic Hospital,” *MHR* 15 (1871): 370.

⁴⁴⁴ *Ibid.*

⁴⁴⁵ Waddington, *London Hospitals*, 148;

to the Ladies present, as the originators of most what was good and noble, to lend a helping hand; and if he might be permitted to make such a suggestion, he would beg of them to go quietly home, and to consider how they could assist...⁴⁴⁶

Waddington also points out that for many “even such limited work provided an escape from boredom and a chance to play an active role outside the home.”⁴⁴⁷ The Lady Visitors certainly played a very active role to raise funds for the hospital, the numerous bazaars and other events organized to sell works of art, handicraft and other miscellaneous items donated for the purpose being ample evidence of the energies expended therein.⁴⁴⁸ Their work in the wards, making the hospital “not an asylum but a home,”⁴⁴⁹ was also regularly recognized, the ladies being described as “soothers of pains, both in mind and body,” a welcome sight to patients on whose minds they left “a lasting impression.”⁴⁵⁰ Given the ladies’ apparent tendency to proselytize among the inmates, successive chaplains must also have personally appreciated their zeal, not least as the position of “regular” chaplain was only introduced in 1866, the necessary yearly stipend of £25 being footed by the

⁴⁴⁶ “Annual Meeting,” *Minutes* 1, 30 April 1861. While women governors and subscribers did exist and on occasion made their suggestions known in meetings—albeit only indirectly through other, male, participants—it was not until 1907 that a woman’s voice, that of “Lady Hope” (possibly Elizabeth Cotton, Lady Hope, 1842–1922) was recorded in the minutes and until 1919 for the first women, the Countess of Donoughmore, Lady Perks and Mrs. Alex Balfour Williamson, to be elected to the Board of Management.

⁴⁴⁷ Waddington, *London Hospitals*, 148.

⁴⁴⁸ The bazaar held in May 1867 raised nearly £1,850, over half of that year’s total income: “Annual Meeting,” *Minutes* 1, 28 April 1868.

⁴⁴⁹ “Annual Meeting,” *Minutes* 1, 20 April 1860.

⁴⁵⁰ “Eighteenth Annual Report of the Board of Management of the London Homœopathic Hospital,” *Annals BHS* 5 (1868): 474.

“visiting chaplain’s fund,” principally maintained by some of the Lady Visitors.⁴⁵¹ Reinarz also highlights this close link between hospitals’ Lady Visitors and religion as a wider aspect of hospital visiting, many being motivated not just by boredom but by a genuine belief that “God’s progressive plan for the improvement of the world was to be effected through human agency” such as theirs.⁴⁵²

As to who the Ladies were and how they became ‘attached’ to the hospital, these are questions that can only be partially answered from the available evidence. It can be assumed that the Lady Visitors initially remained under the auspices of the *Lady Subscription Society*’s president and *LHH* patron, Princess Mary of Cambridge. By 1874 the Lady Visitors were led by Lady Charlotte Arbuthnot Grosvenor (1807–1891), wife of the Board of Management’s chairman.⁴⁵³ A mention of “Miss Rutherford Russell,” in all likelihood one of the homœopathic physician John Rutherford Russell’s (1816?–1866) daughters, being “appointed a Lady Visitor” by the Board of Management in 1880 suggests that membership of this voluntary group was closely regulated, though unfortunately no further details can be found to expand on this.⁴⁵⁴ What can be determined is that most, if not all, Lady Visitors had a

⁴⁵¹ “Annual Meeting,” *Minutes* 1, 25 April 1866.

⁴⁵² Reinarz, “Receiving the Rich,” 42–43.

⁴⁵³ J. Galley Blackley, ed., *The Homœopathic Medical Directory of Great Britain and Ireland...* (London: Henry Turner, 1874), 107.

⁴⁵⁴ “Report of the Thirty-First Annual General Meeting of the Governors and Subscribers of the Hospital,” *Annals BHS* 9 (1882): 631.

personal connection to the institution, being married or related to either a board member, a medical officer or a Governor or subscriber of the institution: Lady Ebury's connection has already been established, while the 1874 *Homœopathic Directory* lists the Lady Visitor's committee as including Mrs Yeldham (wife of Stephen Yeldham, hospital surgeon between 1850 and 1884), Mrs Hale (wife of Robert Douglas Hale, honorary medical officer between 1869 and 1876), Mrs Russell (wife of John Rutherford Russell, honorary medical officer between 1852 and 1856) and Agnes Lucy Vernon (wife of the Hon. William Warren Vernon (1834–1919), hospital Board member) among others.⁴⁵⁵ Later mentions of other ladies joining the Visitors (Mrs Pite, wife of the hospital's Honorary Architect, and Mrs Amelia Clifton Brown, wife of Board member James Clifton Brown) also justify the conclusion that the ladies who exerted their efforts on behalf of the institution did so at least partially due to a pre-existing family connection, either to homœopathy or to the hospital itself, the importance of medical officers' wives in this respect being further illustrated by Board Member William Vaughan Morgan's (1826?–1892?) words:

No man or woman born had the tender touch and sympathetic feelings of the softer sex, and it was fortunate that the lady visitors had these qualities, while they could not but imbibe from their husbands some medical knowledge.⁴⁵⁶

⁴⁵⁵ Blackley, *Homœopathic Directory* 1874, 107.

⁴⁵⁶ "20th Annual Report of the London Homœopathic Hospital," *Annals BHS* 6 (1873): 121.

The Lady Visitors would remain active within the hospital throughout the nineteenth and early twentieth centuries, a separate “Ladies’ Guild” eventually being established for the hospital’s support around 1908.⁴⁵⁷

After the nurses and lady visitors of the *LHH*, it is time to turn to the people for whose benefit these two groups expended their efforts, in an attempt to sketch out the shadowy figure of the “London Homœopathic Hospital patient.”

3.5 *A Demographic Survey of Patients at the LHH*

It has been stated that homœopathy was primarily a medicine for the elite, attractive to those who could exercise real power of choice in the nineteenth century medical marketplace: following the Weberian idea of ‘status situation,’ homœopathy enabled them to select a medical treatment distinguished by exclusivity. Nicholls suggested that, by choosing this radical new practice, the rich and powerful could exercise a conspicuous lifestyle through consumption.⁴⁵⁸ Homœopathy, particularly in Britain, did indeed initially spread among the social elite. By its very nature however, the homœopathic hospital ward could not have appealed to those used to receive their physician in the comfort of their own drawing room. The hospital’s *Laws* provide a substantial clue as to who the patients who populated the beds might have been.

⁴⁵⁷ “Annual Meeting,” *Minutes* 1, 5 March 1909.

⁴⁵⁸ Nicholls, “Class, Status and Gender,” 147–148.

Figure 3.3: Receipt for a yearly subscription of £1/3/6*d* to the London Homœopathic Hospital, entitling the subscriber, Lady Henrietta Morant (1832–1863), to a vote and to have one inpatient annually and one outpatient always on the hospital’s books.

In the *LHH*’s rules relating to “Benefactors, Governors and Subscribers,” the privilege of recommendation was clearly meant as an important incentive for potential donors to associate themselves with the institution:

An annual subscription of Five Guineas, or a donation of Fifty Guineas, entitles the subscriber or Donor to have one in-patient always in the hospital, and five outpatients every month, and to have five votes. ...⁴⁵⁹

Not only could subscribers rub shoulders with the rich and famous who constituted the hospital’s patrons and vice-presidents at the general meetings or fund-raising dinners and bazaars, for a ‘modest’ annual sum (figure 3.3). They could also feel the warming glow of dispensing charity to those less fortunate, something seen since the eighteenth century not just as a duty for every English

⁴⁵⁹ London Homœopathic Hospital, *Laws* (1851), 6–9.

man of means but as an “exquisite pleasure” through which donors could view themselves as “more civilized, sensitive, and tender, than their forebears, or doubtless, their inferiors.”⁴⁶⁰ But philanthropy might not have been the sole motivation: Quin’s own worry that infectious patients, albeit admitted erroneously, could endanger the families of subscribers who sent their domestic servants to the hospital for treatment suggests that the inherent right of recommendation may have been seen by some as tantamount to a homœopathic medical insurance for their household employees, their staff thereby being given priority access to some of the best homœopathic physicians in London in return for a relatively modest annual contribution.⁴⁶¹ Furthermore, the rules stated that

All necessitous persons presenting letters filled up and signed by a Governor or Subscriber entitled to give a letter of recommendation shall be admissible as patients.⁴⁶²

In reality though, when comparing the numbers of patients with the numbers of subscribers and governors, it is clear that admission procedures were handled with more flexibility than the rules suggest, poor patients being admitted regardless of whether they held a letter of recommendation or not if the admitting medical officer saw a need and space was available. Comments in many of the institution’s annual reports stated that the hospital

⁴⁶⁰ Porter, “Gift Relation,” 162–163.

⁴⁶¹ “Minutes of the Annual General Meeting of 29th April, 1864,” *Annals BHS* 4 (1864): appendix, vii.

⁴⁶² London Homœopathic Hospital, *Laws* (1851), 18.

had clearly found acceptance among the local—and remote—poor, suggesting that many attended the hospital by their own initiative, without the privilege of an introductory letter, as illustrated by this editorial reminiscence passing review of the hospital's first fifty years:

There is a common idea that the poor will not be contented unless they are supplied with ill-tasting mixtures in quart bottles. The popularity among the poor maintained by the London Homœopathic Hospital for many years is a standing answer to that libel.⁴⁶³

The “popularity” mentioned in this passage implies a deliberate selection by poor patients that, if accurate, would contradict both Nicholls's suggestion that they were not in a position to exercise such choices and Leary's assertion that such patients would have been unconcerned about the form of medicine prescribed to them.

⁴⁶⁴ On the contrary this statement, as well as the hospital secretary George Alfred Cross's (1849–1904) comments about the hospitals' patients' origins (see below) suggest that they were deemed quite capable of distinguishing between the supposed benefits derived by the ‘gentle’ homœopathic remedies, very different from the heroic allopathic doses of “ill-tasting” physic and treatment available to them in the metropolis's (or other English cities') many general and specialist hospitals. Indeed more evidence pointing to patient's admission without recommendation can be

⁴⁶³ “London Homœopathic Hospital,” *Homœopathic World* 34 (1899): 99.

⁴⁶⁴ Nicholls, “Class, Status and Gender,” 147 and Leary, “Influence of Patients,” 334.

found in the hospital's own *Laws*, amended in 1859 to clearly state that *any* person was able to gain admission if their case was urgent and a bed was available.⁴⁶⁵ Even further proof of the increasingly vestigial nature of subscriber's recommendation privileges, shifting from an exclusive right to a mechanism by which to prioritize *their* recommended patients, is given by Cross's evidence to the House of Lords' Committee on Metropolitan Hospitals' Lord Sandhurst (1855–1921) in 1891, presenting a clear understanding that the hospital accepted all patients freely, whether as out- or inpatients:

[Lord Sandhurst]: "Is yours a free hospital? — Yes, except that we get recommendations in some cases of subscribers. We do not insist upon them; practically it is a free hospital."⁴⁶⁶

In fact, the only thing that might preclude a patient's admission was an ability to pay, a worry about "charitable abuse"—unwittingly admitting patients who could afford to pay a physician privately, thereby harming the interest of those practising voluntarily in the institution who would be cheated of income through their private practice—being widespread among medical officers and Governors in most voluntary hospitals from the 1870s.⁴⁶⁷ Many hospitals employed dedicated "almoners" from the 1880s, women whose role ostensibly included the organisation of aftercare for convalescent patients but who were also to enquire

⁴⁶⁵ London Homœopathic Hospital, *Laws* (1859), 14.

⁴⁶⁶ *SC Report*, 559.

⁴⁶⁷ Waddington, *London Hospitals*, 87.

into the situation of patients to ascertain whether they or their families could afford to make a financial contribution to their medical care.⁴⁶⁸ In the *LHH*, a similar system was in place, such persons being dissuaded through

an arrangement by which our dispenser checks the patients as they come in. We have a lady dispenser, and she makes any inquiry she thinks fit; and our medical men are also urged by the board to stop any patient who gives any sign of being able to pay for medical attendance, and to refer the case back for inquiry.⁴⁶⁹

Unlike the almoners in other hospitals, who were confronted with “almost instinctive hostility” from doctors who resented a women’s authority over admissions, it appears that the *LHH*’s lady dispenser’s task was actually welcomed by the medical staff.⁴⁷⁰ Cross also provided another rare glimpse about the reach the hospital had beyond the metropolitan poor residing in the immediate surrounding area of Queen Square. Considering that, by the time this enquiry was taking place, several other homœopathic hospitals and many homœopathic dispensaries were in operation around the country, it is all the more illustrative of the London institution’s reputation among patients that

[Earl Spencer:] Do [patients] come to you a longer distance than usual on account of yours being a homœopathic hospital?
[G.A. Cross:] I may say, yes; we have [patients] from the provinces. [Earl Spencer:] They come up for consulting

⁴⁶⁸ Geoffrey Rivett, *London Hospital System*, 144.

⁴⁶⁹ *SC Report*, 559.

⁴⁷⁰ E. Moberly Bell, *The Story of Hospital Almoners: The Birth of A Profession* (London: Faber and Faber, 1961), 28.

purposes?

[G.A. Cross:] They come up to see our physicians. Of course they cannot come from too great a distance but I have known cases that have come up to stay in London in order to get advice at our hospital.

[Earl Spencer:] You mean as out-patients?

[G.A. Cross:] As out-patients. Of course our in-patients are constantly coming from the country.⁴⁷¹

Unfortunately the older detailed individual case notes kept by each hospital medical officer about the patients under their care (at least judging by the hospital's rules, such case notes must have existed) have long been lost or destroyed in one of the institution's many upheavals. It is therefore not possible to check with any degree of certainty what profession, age or even gender the patients admitted to the institution's wards prior to the 1890s were, something that would otherwise provide more evidence on whether this hospital was really mostly a convenient provider of medical care for domestic servants of wealthy patrons.⁴⁷² We can however catch an occasional glimpse of the patient demographic through cases that were deemed interesting enough to be published. The *BHJ* and the *Annals* regularly published case notes of interest in which more information was given, not just about the diseases treated (and usually, though by no means always,

⁴⁷¹ *Ibid.*, 561.

⁴⁷² The period between 1889 and 1947, for which records have been recovered and are being restored by the London Metropolitan Archives—the earliest being those of Dr. Byres Moir (1853–1928) for July to December 1889 (H60/LH/B/03/20/001)—has been investigated by Leary, Bosanquet and Lorentzon: Leary, “Influence of patients;” Bosanquet and Lorentzon, “Patients 1883–1923,” and Leary, “Homoeopathic Prescribing.”

successfully cured by homœopathic means) but also about the patients themselves. Taking a small sample from some of said journals' volumes, we find information about some of the patients treated by Dr. William Drury (1820?–1892) and Mr Yeldham in 1864 (Table 3.2). This selection offers a sketch of a majority female patient population, many of whom were indeed engaged in domestic service, variously described as laundresses, housemaids, servants and nursemaids, though there were also shopkeepers, goldbeaters (presumably due to the proximity to Hatton Garden, London's traditional jewellery quarter) and cabmen among the patients. While the admittance of goldbeaters and shopkeepers certainly throws a dim light on these professions' earnings, considering patients had to be "poor," it also shows that not everyone treated in the wards was a domestic servant sent by their subscribing employer to save the physician's fee.

Table 3.2: Selection of patients treated by Dr Drury and Mr Yeldham 1864 and 1874 at the LHH (only those cases where occupation was stated are shown).⁴⁷³

Initials	Sex	Age	Occupation	Initials	Sex	Age	Occupation
HF	F	24	Servant	JH	M	31	Shopkeeper
JR	M	30	Labourer	D	M	62	Goldbeater
JA	F	35	Laundress	JM	M	37	Cabman
EB	F	42	Servant	WH	M	38	Porter
JO	M	30	Eng. Asst.	JP	M	57	Labourer
JW	F	19	Servant	?	F	20	Housemaid
LR	F	39	Servant	MAG	F	25	Housemaid
JF	F	24	Servant	EP	F	35	Servant
EM	F	37	Servant	ML	F	24	Nursemaid

⁴⁷³ "Cases by William V. Drury MD, Physician Accoucheur to the Hospital," *Annals* 4 (1864): 188–192; "Cases Treated with High Dilutions by Mr. Yeldham MRCS Surgeon to the Hospital," *Annals* 4 (1864): 283–288; 362–370; 460–466 and 533–542.

The list of patients must however also be qualified by stating that those cases deemed worthy of publication invariably conformed to a particular medical officer's own interests or specialty, some of the particular cases shown here corresponding to the hospital's Physician-Accoucheur Dr. Drury's practice—thereby automatically excluding male patients—while Mr Yeldham intended to illustrate the use and success of high-dilution remedies in a range of acute cases, rather than providing a representative general picture of his day-to-day practice.

Something that can be examined with more clarity however is the actual number of patients treated in the hospital, both as in- and outpatients, as well as the diseases for which the former were admitted. Quin and his colleagues had, from the very beginning, insisted on exact records being kept, no doubt impressed by the statistical returns they saw in the homœopathic press emanating from Paris and Vienna. This more quantitative evidence compiled in both London and Madrid will be examined in **Chapter 4**.

3.6 *Medical and Principal Officers of Madrid's Instituto Homeopático y Hospital de San José*

As mentioned previously (2.3.5) the initial hospital project in Madrid foresaw wards being staffed exclusively by SHM members, thereby emulating the example given by the LHH and its “fundamental” Law inextricably tying it to the BHS. This stipulation still appeared in a book of laws governing the

institution published in 1880, an entire section devoted solely to the “relations between the SHM and the Homœopathic Institute.”⁴⁷⁴ After Nuñez’s death and the rift between hospital and society, the situation was dramatically altered. It must be remembered that, unlike the London hospital—built and subsisting mostly on the largesse of its subscribers and regular donors—the IHHSJ’s major donor had been its founder. The rules of succession and management he established in his will meant that his trustees, not the society, enjoyed sole authority over all aspects of the institution. Membership of the board of trustees was for life—or at least until voluntary resignation—in stark contrast to the periodically elected Board of Management in London, whose turns of office were limited and whose suggestions had to be put to a general vote of subscribers and governors. While on the face of it this provided the Madrid hospital with a degree of continuity in its management that was not always assured in London, the arrangement also carried within it the danger of blocking all changes and the potential for impasses should trustees not agree on matters. An interesting side-effect of Nuñez’s ‘ideal’ Board was that the hospital’s senior medical staff had, from the start, an important role to play in the institution’s management, constituting no less than six of its fourteen members.

⁴⁷⁴ IHHSJ, *Reglamento* (1880), 30–32.

The hospital itself was to have a core staff (see Table 3.3) consisting of an administrative director and a faculty dean at the helm, as well as an administrator; a chaplain (paid 4000 *Reales* per year and seemingly often also acting as administrator); two honorary physicians in charge of the wards, appointments assigned to those “professors” holding the chairs of clinical medicine at the *Instituto* (for which they received a yearly stipend of 2,000 *Reales*), one for male and one for female patients; a salaried resident medical officer (500 *Reales* per month) with two assistants, one of whom was required to be on the premises at all times; a porter, in charge of the porters’ lodge, the orderly reception of out-patients in the dispensary pavilion and the maintenance of the gardens (300 *Reales* per month) and two “enfermeros” (male orderlies), paid 240 *Reales* per month each.⁴⁷⁵ The nursing of patients was left in the care of a resident congregation of nuns, about whom more will be said below and whose number would be determined by the hospital’s trustees according to the number of patients in the wards.⁴⁷⁶

⁴⁷⁵IHHSJ, *Reglamento* (1881), 9; “Nóminas Febrero 1878,” Facturas / Nóminas / Ingresos 1879/9/80, Sobre 3, IHHSJ Arch.; the word “enfermero” can be translated as male nurse, though at this time, when ‘professional’ nursing was practically unknown in Spain beyond the religious orders dedicated to caring for the sick, the word was applied to the male orderlies, falling between a porter and warder.

⁴⁷⁶ Ibid.

Table 3.3: Initial IHHSJ medical and academic staff as deduced from the hospital administrator's accounts for 1878 and 1879.

Hospital Director and Dean of the Homœopathic Institute	José Nuñez Pernía
Honorary Physician for Men and Professor for "Medical Clinic"	Tomás Pellicer Frutos (1816–1902)
Honorary Physician for Women and Professor for "Surgical Pathology"	Anastasio Álvarez González (1822–?)
Supernumerary Physician	Vicente Vignau Ballester (1824–?)
Supernumerary Physician	José Nuñez Granés (1854–1918)
Professor for the theory of Homœopathic Doctrine	Anastasio García López (1823–1897)
Professor for Therapeutics and Homœopathic Materia Medica	Benigno Villafranca y Alfaro (1835–1885)
Nursing Congregation	"Siervas de María" under Mother Superior Mónica Olmeda (?–?)

Due to the acrimonious split between the two bodies, the selection of hospital medical staff continued to be at the sole discretion of the Trustees in subsequent years, though in reality the majority of those chosen to perform services at the hospital still held an association with the society.⁴⁷⁷ The message to the society's hierarchy was nevertheless clear: the hospital was to remain entirely independent from the SHM. The outpatient dispensary was originally meant to be staffed by society volunteers who were to take turns to offer treatment daily to all poor patients able to attend. In return for this sacrifice, those giving their services without honorarium would be first in line for any appointment,

⁴⁷⁷ The names of those physicians in charge of the hospital's wards were published alongside case histories in the institution's various associated publications. Most of the names were of homœopaths previously or on occasion still associated with the society at the time of their appointment, the trustees clearly valuing personal friendships and knowledge of candidates' abilities over any potential conflict of association.

paid or honorary, within the hospital itself.⁴⁷⁸ By 1881 however the rulebook merely stated that any homœopathic doctor could request permission to practise there, even the last reference to the *SHM* being expunged.⁴⁷⁹

The roles of ward physicians, directors and trustees of the hospital were all voluntary, though in reality it seems that the dean and physicians did receive an annual stipend of around 2,000 *Reales* for their involvement in the *IHHSJ*'s teaching activities. All other staff were salaried, including the nuns in charge of nursing, who received an initial "assignation" of 5 *Reales* per day each, their board and lodging being provided by the institution.⁴⁸⁰

3.7 *The "Servants of Mary" and "Daughters of Charity": Nursing Congregations at the Instituto Homeopático y Hospital de San José*

Unlike for London, some early details are known about those nursing patients at the *San José* hospital, by virtue of such arrangements having been established by Nuñez from the start and the women in question coming from rigidly organized (and documented) religious congregations, so that at least some records have survived as evidence of their presence from 1878.

⁴⁷⁸ "Historia del Instituto Homeopático y Hospital de San José, " *Boletín Clínico* (1881): 74.

⁴⁷⁹ *Reglamento* (1881), 21.

⁴⁸⁰ *Ibid.*, 17.



Figure 3.4: Street and Indoor Habit of the “Siervas de María,” c. 1850s.

The initial nursing at Madrid’s homœopathic hospital from February 1878 was under the auspices of a small congregation of the *Siervas de María* (“Servants of Mary,” figure 3.4).⁴⁸¹ The choice of this particular order appears somewhat surprising, although it could claim a very close local connection. The order of the *Servants of Mary* was founded by Miguel Martínez Sanz (1811–1890), a Servite friar and parish priest of Chamberí, with Sor María Soledad Torres Acosta (1826–1887) in 1851. Its principal mission was to provide care for the sick poor in their own homes rather than in hospitals and asylums, the latter being an area already firmly under the authority of the Daughters of Charity of the Company of St. Vincent de Paul (figure 3.5).⁴⁸²

⁴⁸¹ Antón Cortés, 125 años, 15.

⁴⁸² “La Congregación de Siervas de María,” *La Ilustración* (Madrid), 6 December 1851.



Figure 3.5: The original habit of the Daughters of Charity, characterized by their large wimple.

As a result it seems somewhat incongruous for this order to take over the nursing care within the newly opened hospital. However, since Chamberí's parish priest was a permanent member of the hospital Board of Trustees, he may well have been keen for this, still relatively unknown, local order to gain a foothold in the institution, something that Nuñez presumably could not object to. In any case, the order only remained in service at the hospital for ten years.

In March 1888, the Servants of Mary withdrew and were replaced by seven nuns from the order of the *Hijas de la Caridad* (known variously as the Daughters of Charity or Sisters of Mercy of the Order of St Vincent), led by Sor Micaela Inchausti (?-?) who would



Figure 3.6: One of the IHHSJ's medical officers in a consulting room with two "Hijas de la Caridad," c. 1928.

remain at the helm until 1905.⁴⁸³ This order remained at the *IHHSJ* throughout its existence (figures 3.6 and 3.7), with the exception of the turbulent years between 1936 and 1939 when the hospital was requisitioned by the military and a further period between 1979 and 1983 when presumably no in-patients were being received,⁴⁸⁴ until the last resident left the institution in 1994, when a testimonial was presented to the last congregation by the present trustees in recognition of their services.

⁴⁸³ Sor Casimira Astiz to Director Económico Instituto Homeopático y Hospital de San José, 7 March 1888, fol. 1r, Hosp. 048, IHHSJ Arch; there is anecdotal evidence that the "Sisters of Mary" were not always entirely convinced by the homœopaths' curative abilities: in 1881, they were reported to ascribe a particularly impressive homœopathic cure to the intercession of St. Joseph, the hospital patron: "Hospital Homeopático," *Boletín Clínico* 1 (1881): 81.

⁴⁸⁴ "Informe sobre las Hijas de la Caridad," Res. 037, IHHSJ Arch.



Figure 3.7: A ward visit at the IHHSJ's "Nuestra Señora de las Mercedes" women's ward, December 1928.

No evidence could be found to explain the change of congregations in 1888, though there are some plausible explanations: As mentioned previously, the *Siervas de María* were created to fill a 'gap' in what one could call the religious medical marketplace: at the time, orders like the *Hijas de la Caridad* were well represented in hospitals across the globe. Yet Martínez Sanz perceived an unfulfilled need for spiritual and medical succour for those poor patients who did not attend charitable institutions, instead remaining in their own homes. By way of an explanation of this situation, that could be read as obstinacy on the part of the suffering poor to not be interned in a hospital, it must be said that throughout the nineteenth century many advocates of social and medical reform, including a surprising amount of doctors, saw the

city's charitable hospitals as last solutions to be avoided where possible, claiming that even the poorest and most infirm would be more likely to recover if only they could be assisted within their own homes.⁴⁸⁵ The aim of assisting the poor within their own homes was therefore not uncommon and the *Siervas de María's* mission an obvious development. However, this meant that their presence at the *San José* hospital was a clear departure from their stated aims. With the order's co-founder and Mother Superior Maria Torres Acosta's death in 1887, it is possible that a restructuring of the order was undertaken, part of which might have been a renewed concentration on the core mission, making their presence at the hospital no longer desirable. On the other hand, the hospital director José Nuñez Granés's request for the *Hijas de la Caridad* to take over the nursing seems an obvious step for a 'Catholic' hospital. The order, founded in the seventeenth century by Vincent de Paul (1581–1660) and Louise de Marillac (1591–1660), was among the first congregations of nuns dedicated to caring for the infirm while having the freedom to remain outside any particular convent, effectively an order of itinerant nuns, nominally attached to a "motherhouse" but living amongst their patients, able to travel where they were most needed.⁴⁸⁶ By the nineteenth century, the order's fame was widespread and

⁴⁸⁵ See for instance the strongly polemic article written by an anonymous medical practitioner against Madrid's hospitals as sites of disease and misery: X, "¡Abajo el Saladero y el hospital de Madrid!", *EPM* (1869): 125.

⁴⁸⁶ Jenaro del Valle, *Historia de las Instituciones Monásticas*, vol. 2 (Madrid: Angosta de S. Bernardo, 1842), 280–291.

congregations were present in most 'Catholic' hospitals in Europe. Moreover, the order had one distinct 'advantage' over others that made them particularly suited for service in the IHHSJ. To understand this, it is necessary to glance back to Austria in the 1830s, where the order had founded a small hospital in the Viennese suburb of Gumpendorf in 1832, initially for cholera cases but soon receiving a diverse range of patients.⁴⁸⁷

From 1835, this institution came under the direction of Dr. Friedrich W. K. Fleischmann (1798?–1868), a homœopathic physician. The results of homœopathic treatment at the "Gumpendorf Hospital" soon became internationally known, their statistical returns being some of the first used by homœopathic publications around Europe and the United States to illustrate the superior benefits of homœopathy over its allopathic rivals.⁴⁸⁸ Other hospitals under the order's care followed suit and so the link between the *Daughters of Charity* and homœopathic medicine was soon well-established, making them an understandable choice to provide care in Spain's first homœopathic hospital.

Their duties were manifold, including not only the dispensing of medicines and food to patients according to the plans established by the ward physician but also the cleaning of wards; maintenance

⁴⁸⁷ Verein der homöopathischen Aerzte Münchens, *Das homöopathische Spital der Barmherzigen Schwestern zu Gumpendorf in Wien* (Munich: Georg Franz, 1855), 7.

⁴⁸⁸ Ibid., 8; See also Christian Lucae, "Das 'Lebenswarthische homöopathische Kinderspital' in Wien (1879-1914): zur Geschichte des ersten homöopathischen Kinderkrankenhauses im deutschsprachigen Raum," *MedGG* 18 (1999): 81-102.

of the chapel; supervision of the kitchen; laundry and other household tasks as well as being required to prepare and shroud those who died in the hospital.⁴⁸⁹

3.8 Informal Auditors: The “Junta de Señoras”

Just like the LHH, the Madrid institution also had its own Ladies’ association, the so-called *Junta de Señoras*, designated “protectors” of the hospital. Little evidence exists of their activities beyond the regular collection of funds, seemingly not achieved through bazaars or similar social events but purely through individual collections among their social circles. Unlike the London hospital’s Ladies, their activities were strictly regulated by a specific section of the institution’s rulebook, stipulating their organizational hierarchy and duties and ostensibly placing them second in importance only to the institution’s board of trustees.⁴⁹⁰

The *Junta de Señoras* membership was, as could not be otherwise expected from an organization set in motion by Nuñez, composed not only by women of high rank but also by those who through familiar connection to the institution could be trusted to zealously ensure his legacy was protected.

Its president was the Duchess of Veragua (1843–1903) (figure 3.8), who had a very close pre-existing link to the hospital through her

⁴⁸⁹ IHHSJ, *Reglamento para el régimen y gobierno del Hospital de San José é Instituto Homeopático de Madrid* (Madrid: Tipografía de los Huérfanos, 1887), 18–20.

⁴⁹⁰ IHHSJ, *Reglamento* (1880), 7–8.



Figure 3.8: Isabel de Aguilera y Santiago de Perales, de los Marqueses de Cerralbo y Benalúa, Duchess of Veragua (1843–1903), c. 1893.

husband, who was one of Nuñez's friends and designated trustees. The *Junta* also counted on the support of the Infanta Isabella, Princess of Asturias (1851–1931), eldest daughter of Nuñez's friend and protector Queen Isabella II, as its honorary president and patroness, who repeatedly showed her interest in the institution through visits on celebratory occasions.⁴⁹¹

Other members of the *Junta* included the Countess of Fonrubia (1816?–1896) and many of the wives of doctors, donors and trustees associated with the hospital project and the *SHM*.⁴⁹²

⁴⁹¹ García López, "Acta de la Sesión literaria celebrada por la S.H.M. el día 10 de Abril de 1880," *ECM* 21 (1880): 153.

⁴⁹² Alvarez, "Junta Protectora de Damas, 110.

Apart from fundraising, the *Junta de Se oras* had a specific inspection duty, supplementary to the trustees' own *Visitador*, to visit the hospital weekly to ensure that the poor patients within the wards and dispensary were well assisted. A remarkable feature of this role was that, unlike in England where women were, as previously mentioned, expected to stay out of the institution's actual *business*, the *San Jos *'s ladies were specifically expected to keep a close eye on the hospital's finances to which they contributed: They were to keep themselves "informed" of the hospital's income and expenses, the *Junta*'s treasurer having the authority to request monthly accounts from the institution's administrative director, thereby seemingly doubling up as informal auditors in between annual meetings and reports to the trustees.⁴⁹³ It is conceivable that Nu ez was aware of Concepci n Arenal's ideas in this regard: already in 1861 she had denounced the abuses common in many charitable institutions that could, in her opinion, be averted if priests and women—both compassionate and virtuous by nature—were given supervisory authority over any charitable endeavour.⁴⁹⁴ She would certainly have applauded the *Junta de Se oras*'s auditing powers.

Considering the close relationship that existed between the *Junta*'s members and the trustees and doctors, it can be assumed that

⁴⁹³ IHHSJ, *Reglamento* (1880), 7.

⁴⁹⁴ Arenal, "La Beneficencia, la Filantrop a y la Caridad" in Carmen D az Casta n, ed., *Concepci n Arenal: Obras Completas*, vol.1 (Madrid: Atlas, 1993), 140–143.

overall these ladies were expected to keep their husbands abreast of developments and problems arising within the hospital through informal channels, ensuring that the trustees would always be kept informed and able to react quickly when necessary, without having to wait for an official appraisal from the hospital's secretary or director.

The *Junta's* initial contributions to the hospital's finances appear to have been substantial, the 1879 accounts showing that in some months over one third of the hospital's income was derived from donations collected by the hospital's Ladies.⁴⁹⁵ In times of financial need, such as during the period when access to funds was curtailed by disputes between trustees, the ladies' association even lent money to the Hospital to pay for essential repairs and maintenance in the wards.⁴⁹⁶ Their importance for the institution was clearly recognized by the trustees who more than once, in times of strife, had to "beg" them not to resign due to what they saw as the hospital's management and situation being "contrary to decorum."⁴⁹⁷ They finally disbanded in June 1900 in midst of yet another legal fight between the trustees and the Marquess of Los Salados, the hospital's management seemingly having deteriorated beyond even their patience.⁴⁹⁸ Incidentally, the threats of resignation from 1898 seem to have followed similar

⁴⁹⁵ "Ingresos 1879," Facturas / Nóminas / Ingresos 1879/9/80, Sobre 4/1, IHHSJ Arch.

⁴⁹⁶ *Actas* 1, 2 April 1894.

⁴⁹⁷ *Actas* 1, 22 June 1898.

⁴⁹⁸ *Actas* 1, 2 June 1900.

moves by the Board of Trustees' Vice-president, the Duke of Veragua (1837–1910), further evidence that the hospital's situation was clearly not only discussed during Board meetings but also in the ducal home.⁴⁹⁹

On the other hand there is little evidence to suggest that these ladies had much direct contact with the patients in the wards, beyond attending religious services in the hospital chapel on high holy days. Certainly no detailed information about the wards and patients can be gleaned from them, even if such details might once have existed, as unfortunately no surviving records of the association have been found that could have shed more light on their work.

It is therefore through other sources that information on those inhabiting the hospital's wards must be obtained, in order to understand who the *IHHSJ*'s patients were.

3.9 *Demographic Survey of Patients at the IHHSJ*

In order to understand what kind of patients were admitted to the wards in the hospital's early years (between 1878 and 1884) one must turn again to a variety of contemporary sources. The first obvious places to look are the rulebooks governing the institution, by which admission criteria were determined. According to the 1881 regulations, the hospital was to receive all poor patients

⁴⁹⁹ *Actas* 1, 3 December 1897.

suffering from acute, *non-contagious* diseases who wished to avail themselves of the homœopathic mode of treatment.⁵⁰⁰ Since the Madrid hospital had no subscribers, no letters of recommendation or similar procedures had to be considered, although it was a requirement for all patients to identify themselves by presenting their *cedula de vecindad*, an official document attesting to their identity, place of residence and occupation.⁵⁰¹ Presumably this requirement made it possible to ascertain whether the patient was indeed entitled to free treatment, without the requirement of making personal enquiries about their financial circumstances.

Another aspect that may provide further clues as to the demographic makeup of the hospital's in-patients is the institution's geographic location. Unlike the *LHH*, the *IHHSJ* was not located in an area that "had been" but, quite the opposite, in an area that could only be considered as on the rise. The *ensanche norte* (northern expansion) of Madrid, undertaken from the early nineteenth century, was slowly turning what had once been a disorganized *arrabal* (slum-like neighbourhood) of the lower classes—unable to afford the high rents of the city centre—into an increasingly desirable area for the middle and upper classes. The neighbourhood of Chamberí is today located no more than a half-hour walk from the city centre, however in the mid-nineteenth century it was still quite remote from the sprawling city of Madrid,

⁵⁰⁰ *IHHSJ, Reglamento* (1881), 9.

⁵⁰¹ *Ibid.*, 19.

though making a name for itself: an 1850 guidebook dismissed the city's surrounding villages as "unworthy of notice," with the sole exception of Chamberí and Los Carabancheles, "due to ... the many houses and recreational possessions that surround them."⁵⁰² Urban development slowly encroached from the more prosperous eastern side so that, by the time Nuñez was casting around for a suitable site upon which to erect his hospital, the "Calle de la Habana" must have seemed a very desirable prospect. In his survey of late nineteenth-century Chamberí, Pallol Trigueros paints a picture of a district containing a true cross-section of Madrid's lower and middling classes, a neighbourhood in which labourers, builders and carpenters jostled for cheap rent with young professionals, newlywed artisans, administrative employees, school teachers and modest merchants, for whom the old city centre could not provide adequate—and above all affordable—accommodation.⁵⁰³ Not only was an important population growth taking place along the roads that led north, out of the city and through Chamberí, immediately adjacent to the hospital's eventual location, but north and west of the area, one of the century's most important developments in urban

⁵⁰² Elia Canosa Zamora, *Historia de Chamberí* (Madrid: Ayuntamiento de Madrid, 1988), 97.

⁵⁰³ Rubén Pallol Trigueros, "El Distrito de Chamberí 1860–1880: El nacimiento de una nueva ciudad" (Postgraduate thesis: Universidad Complutense de Madrid, 2004), 162.

infrastructure was taking place: the “Canal de Isabel II.”⁵⁰⁴ This vast development, its first reservoir opened in 1858, made it possible to bring the waters of the distant Lozoya river into the capital, supplementing the wholly insufficient supplies of drinking water hitherto derived from the Manzanares river and introducing for the first time the possibility of indoor plumbing to some of the city’s buildings. By 1862, a second, larger reservoir was being constructed, ensuring that the hospital’s neighbourhood was close to a plentiful water supply.⁵⁰⁵ Not only must such a development have seemed interesting for the new hospital from an infrastructural point of view, but the monumental construction project, which would continue for the rest of the century, in such relatively close proximity might have provided its own stream of patients to the institution. Certainly, the area around the *Canal* installations was a hotbed of intermittent fevers, a disease that remained constantly present in the Hospital’s statistical returns. It is therefore highly possible that the labourers engaged in constructing the canal’s reservoirs were treated at the *IHHSJ*, not least because of its proximity.

The hospital’s primary aim was to relieve the poor, yet it seems that the founder and the subsequent trustees were very conscious

⁵⁰⁴ Pallol Trigueros, “El Madrid moderno: Chamberí (el Ensanche Norte), símbolo del nacimiento de una nueva capital, 1860–1931 (PhD diss.: Universidad Complutense de Madrid, 2011), 48.

⁵⁰⁵ Alfredo Álvarez Cascos, “Canal de Isabel II: Memoria sobre el estado de los diferentes servicios en 31 de Diciembre de 1903,” *Revista de Obras Públicas* 36 (1904): 132.

of the variety of classes that lived in the hospital's immediate vicinity. From first opening its doors, while the main wards were indeed reserved for poor patients unable to pay for their medical treatment elsewhere, separate accommodation was provided for those patients termed *distinguidos* (distinguished). They would be received in private wards at a cost of 12 *Reales* per day, payable in advance in fifteen-day increments of 180 *Reales*.⁵⁰⁶ To put this into perspective, Nuñez was reported to charge his high-society patients between 40 and 80 *Reales* for a visit, so a “distinguished” hospital bed was a realistic option for those of more modest means to be treated by one of the capital's most renowned homœopathic practitioners.⁵⁰⁷ It is difficult to find any reference to what real wages for manual labourers in nineteenth century Madrid might have been, though Pallol Trigueros mentions some workers in Chamberí declaring an income of around 2 *Pesetas* (8 *Reales*, about £0/1/8d) per day in 1880, while clerks earned around 1,000 *Pesetas* per annum, with an average rental price in the area of around 17,49 *Pesetas* per month.⁵⁰⁸ A fee of 12 *Reales* per day therefore ensured that the “distinguished” wards were populated by a class of patients who could dispose of a certain minimum income, particularly with payment required for fifteen days in advance, while at the same time ensuring that the price would not be so

⁵⁰⁶ IHHSJ, *Reglamento* (1881), 20.

⁵⁰⁷ García López, “Dignidad Profesional,” *Boletín Clínico* (1882): 270.

⁵⁰⁸ Pallol Trigueros, “El Madrid moderno,” 108 and 202.

high as to only allow be affordable to truly wealthy patients, who were unlikely to seek treatment in a hospital.

Unfortunately it is not possible to ascertain how many of these “distinguished” patients availed themselves of the *IHHSJ*, though the occasional mention of having to reduce the private patient accommodation in order to make space for more poor patients suggests that the *distinguidos* were few. This only changed in the late 1890s, when an agreement between the hospital’s trustees and various organizations providing medical insurance for their subscribers, the Press Association among them, allowed their members to be admitted freely as private patients.⁵⁰⁹



⁵⁰⁹ “Asociación de la Prensa,” *Correspondencia Militar* (Madrid), 17 December 1897.

Chapter 4

Statistical Evidence of 19th-Century Homœopathic Hospital Patients and Pathologies Treated in London and Madrid

In order to gain further insight into the patients of both the London and Madrid hospitals, it is necessary to perform a closer examination of the statistical evidence available for both institutions. This evaluation of data, both from archival sources and from summaries published by the institutions for a wider audience, will not only provide more information about the numbers of patients who received treatment, both in the wards and as outpatients, but will also to a certain extent—given the asymmetry of sources between institutions—reveal more about the gender-balance of the patient population as well as more precise details of the diseases seen on the wards and the treatment outcomes of inpatients, as perceived by the reporting physicians.

4.1 ***Hospital Statistics: Introductory Remarks and Caveats***

Mark Twain who, while by no means a supporter of homœopathy, once remarked that the practice was to be at least thanked for curbing the old allopaths' abuses, popularized the quote: "There are three kinds of lies: lies, damned lies and statistics."⁵¹⁰ When examining statistical data of any kind, whether historical or modern, this warning of potential mendacity serves as a pertinent reminder that a number of questions and caveats need to be considered. Florence Nightingale herself, though favouring statistical evidence on hospitals to strengthen her own arguments about the dangers she perceived in them, was wary that "accurate hospital statistics are much more rare than is generally imagined."⁵¹¹ As it turned out, some of her own arguments were based on a contentious calculation of hospital mortality by the physician and social reformer William Farr (1807–1883) that purported to demonstrate that twenty-four of London's hospitals had a mortality of over 90%, while rural cottage hospitals—favoured by Nightingale—reached no more than 39.41%.⁵¹² These figures, correct if Farr's somewhat idiosyncratic methodological choice was considered, bore little relation to 'ordinary' mortality calculations, by which London's mortality in the "general wards"

⁵¹⁰ Twain, "A Majestic Literary Fossil," *Harper's New Monthly Magazine*, No. 477 (1890): 444; *Autobiography* (Berkeley: University of California Press, 2010), 228.

⁵¹¹ Nightingale, *Notes on Hospitals*, 3rd ed. (London: Longman, Green, Longman, Roberts and Green, 1863), 2.

⁵¹² *Ibid.*, 4.

of those same hospitals was closer to 10%, Farr and Nightingale apparently deliberately skewing the figures for their purposes.⁵¹³ The problems involved in examining medical statistics therefore are well known and are aggravated further in this study by the fact that the data used was collected and presented by the very institutions upon which it is intended to shed light, rather than by an independent outsider. Additionally, since the original clinical notebooks from which the data was compiled have long since been lost or destroyed, we are necessarily limited to examining figures that have often passed through several editing processes before being committed to the page. In order to consider the merits of such information, it is necessary to pause and reflect upon what these statistics represented and—*cui bono?*—for whose benefit they were produced.

In the case of the *LHH*, annual reports of the institution were presented to the general meetings of Subscribers and Governors, held each April, but also published for the benefit of a wider community of current and potential supporters, as well as for the information of the medical profession at large. They represented the hospital's accountancy procedures and public face to the world, thereby also fulfilling a convenient—and acceptable—advertising function for both the institution and those medical officers attached to it, all of whom were individually named in its

⁵¹³ Lisa I. Iezzoni, "100 Apples Divided by 15 Red Herrings: A Cautionary Tale from the Mid-19th Century on Comparing Hospital Mortality Rates," *Annals of Internal Medicine* 124 (1996): 1079–1080.

pages. Subscribers could also be flattered by seeing their name in print as benefactors, associated with whatever notable members of society chose to lend their names and support to the institution. In London this included the Duchess of Cambridge, the Marquess of Anglesey and senior members of the Royal family.⁵¹⁴ Lawrence and Waddington both highlight this phenomenon allowing middle-class subscribers to use their philanthropic gifts to voluntary hospitals as vehicles for social advancement. The attraction these hospitals held for the rich and aristocratic patrons gave them a certain cachet. Those of a lower social standing but with a large, often newly acquired, disposable income eagerly attached themselves to such institutions in the hope of obtaining direct or indirect benefits through the possibility of “introductions and connections” to its more illustrious patrons. Sometimes this was motivated solely by the desire of building a name for themselves though occasionally driven by an ambition to further a business or political career.⁵¹⁵ Institutions were well aware of this attraction, to such an extent that some were “quick to record names and slow to drop those who died or lost interest.”⁵¹⁶ Most importantly, such annual reports served to encourage both patients and subscribers to consider one institution above all others for their medical or philanthropic requirements. It would therefore not be excessively

⁵¹⁴ Homœopathic Research & Educational Trust, *The Royal London Homœopathic Hospital*, 18.

⁵¹⁵ Susan C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth Century London* (Cambridge: CUP, 1996), 48; Waddington, *London Hospitals*, 35.

⁵¹⁶ Granshaw, *St. Mark's Hospital*, 32.

churlish to view such publications with a degree of suspicion, since they had to necessarily present *their* institution in a better light than any rival's, showing not only the success of the hospital's medical officers in fighting disease but also demonstrating just the right level of want—and hence the peril to those ever-increasing numbers of patients clamouring for assistance, who would cease to benefit should funds not be forthcoming—to elicit further donations. Indeed in a 1997 study examining later results,⁵¹⁷ the authors remarked on the occasional practice, already noticed—and strongly denounced—by Nightingale over a century before, of 'massaging' published figures in order to satisfy subscribers with better results than had actually been achieved.⁵¹⁸ While no such evidence was found for the LHH, admission policies at other hospitals were certainly aimed at keeping mortality rates at a minimum. This could be achieved not only by not admitting those deemed 'incurable'—a practice common for all voluntary hospitals and the catalyst for the establishment of specialist institutions like Andrew Reed's (1787–1862) "Hospital for Incurables" in Putney⁵¹⁹—but often by prioritizing admission of those cases where swift cures were likely over protracted cases with uncertain outcome.⁵²⁰ Furthermore, it was common practice not to accept cases of infectious disease, "no

⁵¹⁷ Bosanquet and Lorentzon, "Patients," 170.

⁵¹⁸ Nightingale, *Hospitals*, 2.

⁵¹⁹ G. C. Cook, "Caring for 'incurables:' the 150th Anniversary of the Royal Hospital for Neuro-Disability, Putney," *Postgraduate Medical Journal* 80 (2004): 426–30.

⁵²⁰ Bosanquet and Lorentzon, "Patients," 170.

person being in a state of confirmed consumption, or having, or suspected to have, the small-pox or itch” being admissible.⁵²¹ Any such cases would—and in at least two accidentally admitted cases at the *LHH*, did—effectively shut down the hospital’s operations while efforts had to be undertaken to decontaminate the wards.

For the *IHHSJ*, the situation is somewhat different. Primarily, the way in which this institution was set up and managed precluded the need for annual general meetings. Since Nuñez had established the hospital as, essentially, a private beneficent institution, the medical staff and director were answerable only to the board of trustees (and to an extent, as seen in the previous chapter, to the *Junta de Señoras*). These trustees, selected personally by the founder, owed no explanations to any outside body other than those legally required to the relevant government department in charge of medical institutions. As a result, there is no evidence of annual reports being widely disseminated or even printed beyond the confines of the institution’s own publications, aimed squarely at the homœopathic medical profession. This is not to say that the hospital did not require outside support. Unlike the *LHH* however, the *IHHSJ* appears to have been able to subsist mostly on the income derived from the founder’s and initial donors’ investments, as well as from the modest fees paid by those patients who could afford it. So why did this hospital publish annual reports at all? The answer can perhaps be found by looking

⁵²¹ London Homœopathic Hospital, *Laws* (1851), 19.

beyond Spanish borders. The Madrid homœopaths were clearly aware of the work done in other European homœopathic hospitals, which published occasional statistical returns to illustrate the value and efficacy of their treatment compared to their allopathic rivals.⁵²² Since such public displays of homœopathic success in a clinical setting formed part of most European homœopathic hospitals' founding principles, the Spanish homœopaths could not but do likewise. Indeed, the *IHHSJ* was founded not only to give poor patients the 'choice' of homœopathic care but also to act as a port of call for those wishing to learn the practice and observe it being applied in acute cases, effectively making it homœopathy's Spanish flagship. With this in mind, the publication of annual patient returns can be seen as a kind of promotional 'prospectus' to the medical profession, presenting the institution and the diseases treated therein to an interested professional audience, together with a 'buttress' of clinical evidence against those claiming the practice was worthless.

Bearing in mind the different aspects and reasons behind the statistical data presented by these two hospitals, how can we be sure that the published figures hold *real* value? The short answer must, of course, be that such certainty is impossible. By the same token, however, there is no evidence to suggest deliberately

⁵²² For example, the hospital at Gumpendorf and its results obtained in the treatment of cholera were first mentioned by the *Bol. SHM* in 1847, its patient numbers subsequently featured in the journal for several years.

misleading or exaggerated information being produced by either institution. In fact, homœopaths lived under the constant suspicion of exaggerating their cures, many allopaths publicly asserting that Hahnemann's followers diagnosed harmless cases as serious disease to make a positive outcome more impressive, allegations that seem to be, at least on the face of existing evidence, baseless. To counter such allegations' possible impact on the value of interpreting the figures available to us, beyond what Bosanquet et al stated in their investigation, we can find some vignettes that illustrate nineteenth-century homœopaths' acute awareness of the importance of accuracy when reporting results. When the *LHH*'s first tabulated results of in- and outpatients were presented to the annual meeting of Governors and Subscribers in 1851, it was made clear that most of these patients had previously been diagnosed "by several highly qualified allopathic practitioners engaged in general hospital practice," who agreed that they represented "a fair average of severe hospital cases."⁵²³ No doubt pleased with the 3.8% mortality reported for the year, Quin nevertheless cautioned the assembled doctors against submitting such figures for publication without first subjecting them to one last check by the clinicians:

.... in order that the statistics of treatment should be submitted to the strictest possible test of verification. Nothing was, Dr. Quin remarked, of such vital consequence in the present state of Homœopathy in [England], as to avoid everything in the

⁵²³ "Annual Meeting," 9 April 1851, Minutes *LHH* GM.

shape of invidious comparison or of exaggerated statement of results.⁵²⁴

Quin was not alone in his opinion at the meeting: the board's Chairman, Culling Charles Smith (1775?–1853), agreed, speaking of the absolute necessity

....of avoiding everything of an seemingly boastful character which was calculated to wound the susceptibility of any honourable mind conscientiously opposed to [homœopathy].⁵²⁵

To further discount the possibility of endemic exaggeration of cases, one need look no further than to the results obtained by the *LHH* during the cholera outbreak of 1854.⁵²⁶ The extraordinary amount of scrutiny the final figures were subjected to as a result of the arguments in Parliament can be taken as all but a guarantee of accurate representation.

Similar concerns can be seen in Madrid, where the issue of producing statistics only really surfaced in 1876, with the opening of their own homœopathic hospital looming on the horizon, though individual doctors had provided their own patient figures to the homœopathic press in previous years. In March 1876, the *SHM* committee member and future hospital secretary Vicente Vignau called for the Spanish authorities to draw up regular and complete statistics of all deaths, both homœopathic and

⁵²⁴ Ibid.

⁵²⁵ Ibid.

⁵²⁶ See 1.3.2.

allopathic, so that trends could be spotted and therefore epidemics averted but also to highlight the difference in results between the two schools. In his reply, Nuñez argued that while the society had no hospital, all statistical data provided by members ought to include the name and address of patients so that such returns would carry more weight than anonymous numbers, showing an existing awareness of the importance not just of providing statistical evidence, but also of making such evidence indisputable.⁵²⁷

Bearing all this in mind, and with no evidence found to support the opposite, one can assume that the results presented in the annual returns and other statistical reports examined for this study can indeed be trusted, at least to the extent of presenting general trends.

A further point to consider when examining the statistical returns of these two institutions is that, while we have an overall idea of outpatient numbers seen in both London and Madrid, those reports were often lacking in detail. For the *LHH* there is little more than total yearly outpatient numbers for the period between 1850 and 1889. For the *IHHSJ*, the situation is similar, though with even fewer years of patient returns to work with, these seemingly being produced only intermittently between 1878 and 1889. However, the Madrid homœopaths divided their numbers by

⁵²⁷ Álvarez, "Sesión literaria del 4 de Marzo de 1876," *ECM* 17 (1876): 223–227.

gender, allowing more information to be gained about the relative attractiveness of homœopathic medicine for outpatients of either sex. While this lack of detail is certainly disappointing from the point of view of trying to ascertain what diseases were treated and who the patients were, it does allow to gain an understanding of the ‘acceptance’ of the outpatient departments among the local population. Furthermore it is important to note that it is not always possible to make a straight-forward comparison between the two hospitals’ returns without first considering their intrinsic differences and the ways in which the institutions’ results were presented. In such cases, it was necessary to rearrange the tabulated ‘raw’ data into comparable subgroups.

The sources used to draw up the statistical analysis of these two hospitals are, by necessity, quite disparate. For some years, original manuscript annual summaries and returns are available to consult in institutional archives or were discovered in unexpected discrete collections of unrelated documents. In other cases—the majority—only printed annual returns are available, with varying degrees of detail, either forming part of the original annual reports presented to subscribers and board members or reprinted in the contemporary homœopathic press. These printed returns harbour their own problems, as printing errors are common, requiring re-tabulation and calculation of figures to check for errata. Where possible, these were double-checked

between sources where more than one was available, though in most cases only one source could be identified.⁵²⁸

The *LHH* had since 1850 published their returns in various homœopathic medical journals, as well as keeping some records within the hospital's own minute books. While many of these, particularly those relating to the early years, have all but disappeared entirely, it is possible to piece together some relevant information about the institution through both its nineteenth-century incarnations. For the *IHHSJ*, the evidence is not quite as forthcoming, the first and foremost difference being this institution's late establishment, only opening its wards in 1879, while statistical returns apparently were not a priority for its medical officers. The existing numbers, together with some published case histories, do however allow a picture to emerge of the type of diseases seen in this hospital's wards in the first decade of its existence.

4.2 *Indicators of Homœopathic Hospitals' Acceptance Among their Local Target Population: A Quantitative Patient Survey*

The first aspect considered for examination is the total number of patients, as far as this could be ascertained, that were seen in the London and Madrid hospitals over a given period of time. By using both reported in- and outpatient numbers, it is possible to test

⁵²⁸ The tabulated data for all graphs used in this chapter, together with a list of original source references, can be found in **Appendices G and H**.

whether the hospitals actually found acceptance in their local area. Even taking into account their relatively small size—compared with other general hospitals established in both cities—a simple quantification of cases treated each year makes it possible to build a picture of any perceived impact they might have had on their local target populations—the sick poor—and whether either hospital might have been seen as a useful and growing institution or, on the contrary, one that served no-one's interests but its own.

4.2.1 Patient Numbers at the LHH

The periods scrutinized for the *LHH* were the years between its first opening in Golden Square in April 1850 and the annual general meeting of Governors and Subscribers held in 1890, chosen on the basis of availability of sources. A simple tabulation was made of total numbers for both in- and outpatients, including all individuals regardless of disease type or treatment result, the latter being aspects that will be examined later in this chapter. By plotting the figures on a simple graph (figure 4.1), it is possible to visualize the development of both in- and outpatient numbers over the chosen timespan. Examining the graph, it is clear that inpatient numbers were increasing over the hospital's first three years, as the young institution became established and presumably better known in its neighbourhood at Golden Square.

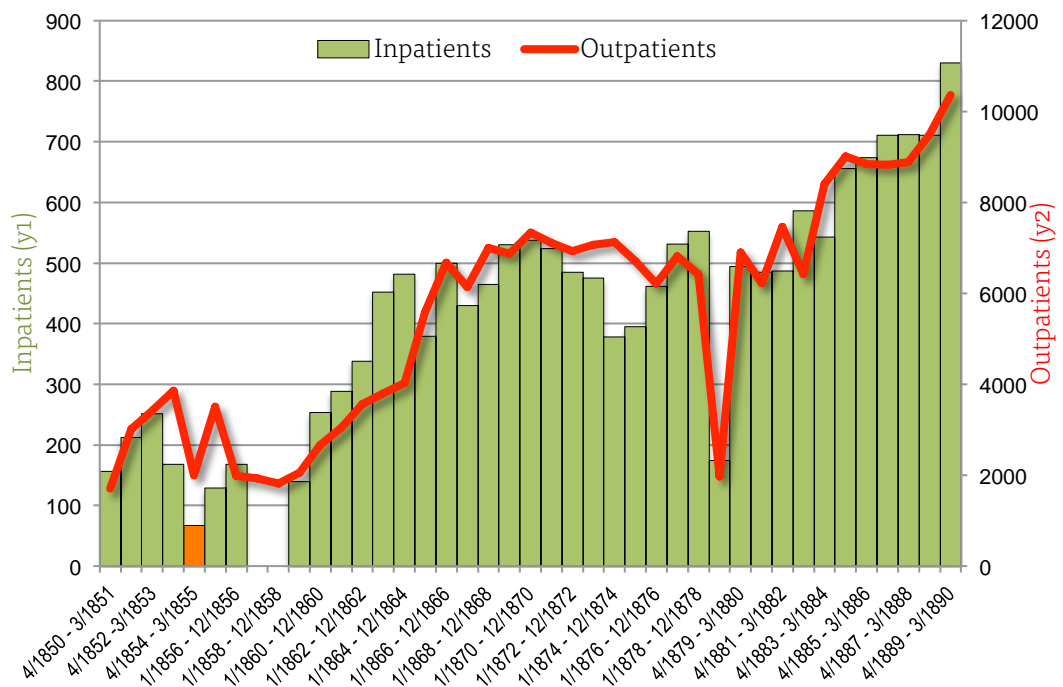


Figure 4.1: Inpatients (y1: Green bars) and outpatients (y2: red line) by reporting period (x) at the LHH, April 1850 - March 1890 inclusive.

The patient increase might have been even larger had the hospital's Board of Management not decided to "greatly reduce the number of beds" in the period 1852/1853 in order to follow the example of other metropolitan hospitals, adopting the new modern sanitary standards of allowing patients "more air and room in the small and confined wards."⁵²⁹

A considerable decrease of patients can be observed in 1853/1854, requiring closer examination of events in that period. The cost of caring for each inpatient having increased, the Board of Management felt it in the hospital's best interest to avoid falling into debt beyond their means, while continuing to offer a

⁵²⁹ "Annual Meeting," *Minutes* 1, 25 April 1853.

“completely gratuitous system of relief” to poor patients.⁵³⁰ As a result, the number of beds available was reduced once more, with the ensuing decrease of patients received during that period, from 251 the previous year to 168. The period between April 1854 and March 1855 (highlighted orange in the graph) also requires closer scrutiny: this coincided with the previously mentioned cholera outbreak, when the hospital admitted *only* cholera cases and fought to have its results taken into account by the corresponding Government report.⁵³¹ Consequently, numbers were comparatively low, only few patients being admitted beyond those cases treated during the epidemic. In April 1855, a change of ‘accounting procedure’ was applied by the Board of Management, altering the reporting period to close on the last day of December of each year, thus artificially deflating the figures for the reporting period immediately following, as it covered only nine months’ worth of intakes between April and December 1855. Finally, in 1856 the figures once again recovered to levels similar to 1853, suggesting that this may well have constituted the achievable average for a small twenty-five-bed hospital in Golden Square. The lease on the LHH’s premises expired in March 1857, explaining the complete lack of inpatients until its re-opening in Great Ormond Street in 1859, though as the institution continued to operate from much-reduced facilities in a neighbouring building between 1857 and

⁵³⁰ “Annual Meeting,” *Minutes* 1, 28 April 1854.

⁵³¹ See 1.3.2.

1859, the hospital's medical officers were still able to offer treatment to outpatients.

It is clear that, after the move to much larger freehold premises in Great Ormond Street, the picture changed entirely for the hospital. Its vastly increased capacity, with larger wards and more beds, is reflected in the patient numbers, both for in- and outpatients. These rose steeply at first, as the hospital became established and known in its new environment, possibly too far from Golden Square to have attracted the same 'casual' neighbouring patients. It is also worth remembering that the figure for 1859 (139 inpatients) represented only the first five months of activity. Again, noticeable changes happened in some of the years, with patient numbers falling considerably, though explanations for these variations can usually be found in the corresponding annual reports. One of the most striking periods on the graph is that between January 1872 and December 1875. Upon consulting the corresponding minutes and annual reports for those years, it transpires that this coincided not with a sudden loss of interest in the hospital but rather with a series of architectural and other improvements to the building, including at one point the complete modernization of sanitary plumbing, which required the closure of the wards. In the same period, long bouts of illness among key members of staff also seriously affected the hospital's ability to admit patients to capacity levels. If one therefore considers that, for instance, at one point in 1873 only nine patients could be

admitted to the wards due to on-going building work, the low figures no longer seem surprising.⁵³² The 'crash' in numbers shown in 1879 is in fact illusory due to a renewed change in accountancy periods being implemented, reverting to the original April to March format.⁵³³ The very low figure of 174 inpatients therefore represents only the three months January to March 1879.

It is also indicative of a good level of local acceptance that the outpatient curve (represented by a red line on the graph) roughly follows the outline of inpatient numbers, though obviously at a much higher scale, measured in thousands rather than hundreds. The number of beds available never limited outpatient admissions, since such patients were treated in the dispensary and so some of the events that cause a severe impact on inpatient figures can barely be discerned on the red curve. For instance, the closure of Golden Square had very little effect as outpatients were still treated in an adjacent building. Most of the decreases in numbers for outpatients can be explained by major events occurring in the hospital, such as the continued illness of a critical member of the medical staff, one example being that of the surgeon in charge of outpatients, Dr. Joseph A. W. Wardale (1848–1923) who was absent for much of 1875.⁵³⁴ Similarly, a small spike around 1884, when numbers first passed the 9,000 mark, can be attributed to the vast

⁵³² See the corresponding reports of annual general meetings in *BJH* 31 (1872): 530–536; *MHR* 18 (1874): 372–378; *MHR* 20 (1876): 382–390 and *Annals BHS* 8 (1879): 64–89.

⁵³³ "Twenty-ninth annual report of the Hospital," *Annals BHS* 9 (1882): 193–226.

⁵³⁴ "London Homœopathic Hospital," *BJH* 34 (1876): 523.

number of outpatients crowding into the hospital “under the influence of what amounted almost to a panic” to be vaccinated.⁵³⁵ Vaccination with calf lymph, considered by Hahnemann himself as corroborating the homœopathic principle of *similia similibus*,⁵³⁶ had only been introduced to the hospital in 1881,⁵³⁷ most likely as a reaction to that year’s smallpox outbreak in London.⁵³⁸ Mostly, the outpatient curve can be seen to follow a relatively smooth upward trend after the move to Great Ormond Street, with few interruptions, more or less establishing a ‘standard plateau’ between 6,000 and 7,000 outpatients per year for most of the second half of the nineteenth century. There is however one caveat one must insert before taking published outpatient numbers at face value: we know from the hospital’s secretary Alfred Cross’s testimony to the House of Lords’ metropolitan hospitals enquiry that *existing* outpatients—at least in the 1890s—were counted as *new* cases for statistical purposes if they applied to renew their attendance ticket to continue treatment after the standard thirty-day period accorded to each ticket-holder.⁵³⁹ It can therefore be assumed that, in real terms, the number of *individual* patients was somewhat lower than that shown in the returns. While this would in fact have made no difference to the levels of

⁵³⁵ “London Homœopathic Hospital,” *MHR* 27 (1883): 367.

⁵³⁶ Wolff, “Sectarian Identity and the Aim of Integration: Attitudes of American Homeopaths Towards Smallpox Vaccination in the Late Nineteenth Century,” in Jütte, Risse and Woodward, *Historical Perspectives*, 222.

⁵³⁷ “The London Homœopathic Hospital,” *MHR* 26 (1882): 359.

⁵³⁸ “Smallpox in London,” *The Times* (London), 21 February 1881.

⁵³⁹ *SC Report*, 559.

activity in the outpatients' department, it must be borne in mind as a factor when interpreting the figures as representative of the attraction the hospital might have held for outpatients: on the one hand, it is likely that less *individuals* were treated each year, though on the other hand a renewed ticket suggests a patient who felt they were in good hands with homœopathy and were willing to continue treatment instead of placing themselves under another physician's care.

Further building work was necessary to maintain and improve existing installations for most of the hospital's existence between its move to Great Ormond Street and the final figures available for 1890, each of these disturbances having a clear impact on the number of patients admitted that year. Financially, the hospital also had to continually balance its ambitions of admitting as many acute cases as its 65 beds (increased to 72 in 1882) would hold with the reality of having to pay the cost of each ward's operation. While never actually falling into debt, not least due to the generous investments left by the hospital's founder upon his death in 1878 and those bequeathed by subsequent donors, the Board of Management nevertheless continually had to appeal to the generosity of their subscribers and the general public. By the 1890s, a majority of the board finally felt the time had come to put

an end to the continuous patching up of the building and a new purpose built hospital was eventually opened in its place in 1895.⁵⁴⁰

Unfortunately it has been impossible to locate any patient returns after 1890, as they were no longer printed in the homœopathic press, nor were the annual reports attached to the Board of Management's minutes, the latter merely stating the report as having been read and adopted. It can be assumed that a separate book was indeed kept where these complete reports may have been inserted, but unfortunately such a book does not appear to have survived, so that the only information available for the last decade of the nineteenth century is too incomplete for comparative purposes, comprising only the surviving (but partially still inaccessible for study due to conservation) books of individual practitioners' patient records stored at the London Metropolitan Archives, on which Leary, Bosanquet and Lorentzon's previously mentioned research was based. All that can definitely be gleamed from the minute books is that the hospital seems to have benefited immensely from its rebuild, as patient numbers appear to have increased to such an extent that a further extension to the building was required only a few years later. It can thus be asserted with some degree of certainty that the wards of the *LHH* did indeed find acceptance among the metropolitan population, the institution more often than not operating at

⁵⁴⁰ "Annual Meeting of the London Homœopathic Hospital," *MHR* 39 (1895): 204–205.

maximum capacity—sometimes in terms of financial ability, sometimes in terms of space and beds. The decreases in patient numbers observed at various times between 1850 and 1890 mostly had understandable causes, detailed in the relevant annual reports or discernible from historical context. While the statistical evidence only allows us to examine the first forty years of the hospital's existence with some degree of detail, there appears to be no reason to doubt that the new building would continue following the upward trend of increasing patient numbers, the aforementioned caveat about *individual* versus *renewed* cases notwithstanding.

4.2.2 Patient Numbers at the IHHSJ

Having examined the patient numbers of the *LHH*, it is now time to turn to its Madrid counterpart. Again, problems arise from the lack of sources sufficient to show more than a snapshot over a few years, in this case the decade between the hospital's first opening in 1878 and the last period for which appropriate figures could be identified, January 1888 to March 1889. No later information on patient numbers could be identified, as no trace of either published annual reports or original notebooks and returns has been located. At least it is possible to guess with some degree of certainty at the reasons for the lack of published data after March 1889: the *Criterio Médico*, in which these figures were usually reported, was experiencing problems, ceasing publication

completely the following year.⁵⁴¹ Presumably no attempt was subsequently made to publish the reports in mainstream medical journals, or it was not possible to do so. Additionally, there is a discrepancy between in- and outpatient data, the latter only being available up to 1884, after which only details of patients in the wards seem to have been considered worthy of publication except for a brief period between December 1888 and March 1889.

To permit an accurate snapshot of each year, the statistical returns were analysed, the numbers checked and—where necessary—the totals recalculated to compensate for print errors in the original publication.

Due to the different way figures were presented for the Madrid hospital, only *new* intakes to the wards have been taken into account: while the total number of treated patients *per month* would thereby occasionally appear smaller than in the original reports, the figures more accurately reflect the actual *individual* patients drawn to the hospital's wards *per year*, rather than counting the same patients repeatedly for each subsequent month spent in treatment.

⁵⁴¹ Fernández Sanz, *Prensa Homeopática*, 171.

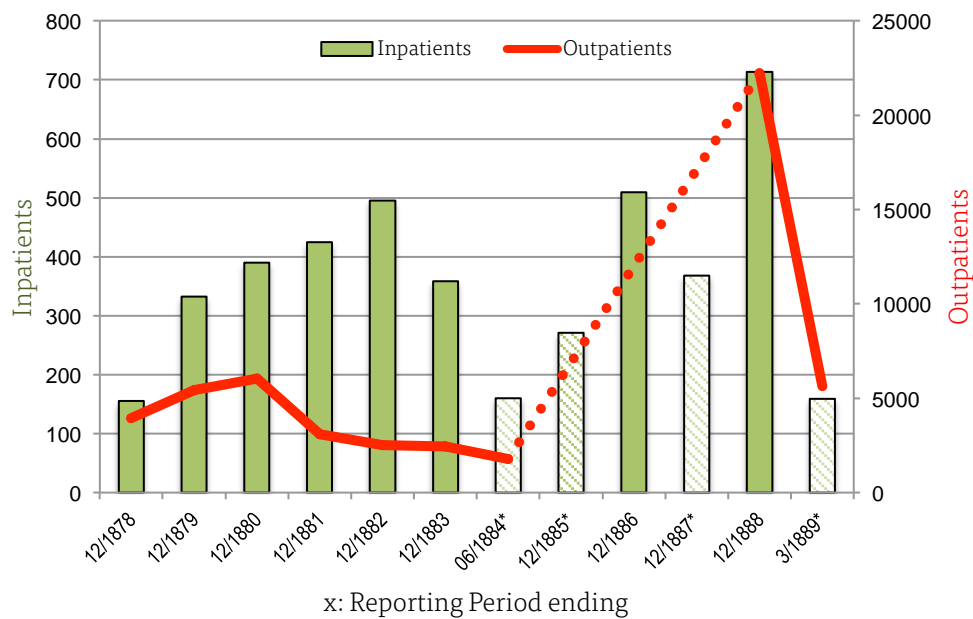


Figure 4.2: Inpatient (y1: green bars) and outpatients (y2: red line) by reporting period at the IHHSJ, 1878 to March 1889 inclusive. The shaded bars represent incomplete inpatient datasets, while the dotted line bridges a period for which no data could be

Plotting the tabulated figures onto a graph to represent the totals in each reported year (figure 4.2) shows that, after a slow start in 1878 when only 155 inpatients were received at the newly opened institution, the hospital seems to quickly have made its mark on the neighbourhood of Chamberí. Inpatient numbers rose steadily year on year until 1883, the unbroken progression being all the more remarkable considering the previously mentioned hostilities the hospital and the SHM were embroiled in after Nuñez's death in 1879. As a matter of fact, the problems between the two corporations did not pass without notice, as can be seen in the red line representing outpatients. Unfortunately, unlike for its London counterpart, it is not possible to compare the figures with the manuscript and printed reports for the corresponding years as the

trustees' minute book was removed from the institution in 1890 and seemingly never returned.⁵⁴² The lower figures for 1883 can therefore not readily be explained, though the exceedingly low numbers of inpatients reflected for 1884, 1885 and 1887 (shaded in the graph) were not due to a lack of patients but to the fact that only incomplete data, covering a few months, could be found for those periods. In 1884, only the first semester's patient numbers (January to June, both inclusive) were published. Assuming a second semester similar to the first—or to those of previous years—it can be assumed that the numbers would have reached approximately the same levels, with a total figure somewhere between 300 and 400 inpatients. Similarly, in 1885 only the second semester (July to December, both inclusive) was printed, the marked rise vis-à-vis the first semester of the previous year reflecting a continual trend, namely the higher numbers of patients in the autumn and winter months.

In order to obtain as accurate a representation as possible of outpatient numbers seen in the hospital's free dispensary a number of factors had to be considered before tabulating the published data. The figures are of course much larger than the corresponding inpatient numbers as they were not limited by ward size, the dispensary receiving patients seven days a week staffed by volunteers drawn from among Madrid's homœopathic doctors and

⁵⁴² *Actas* 1, 6 May 1890.

students of the *IHSSJ*.⁵⁴³ Additionally, it does not seem that the Madrid homœopaths counted their outpatients in the same way as their London counterparts, instead clearly indicating the “remaining” cases at the end of each period separately from newly received patients (sometimes even the number of individual consultations these patients received). In order to get an accurate representation of distinct *individual* patient numbers, yearly summaries were taken between January and December of each year, where available, counting the *total* of patients for January but only the new patients for each subsequent month in order to avoid double-counts where possible. The resulting plotted line in the graph shows strong growth between 1878 and 1880, the numbers suggesting that Madrid’s poor were not at all averse to being treated homœopathically. It is of course not possible to determine whether this was in preference over other hospitals—a distinct possibility, given the novelty and relatively welcoming image of the *Hospital de San José* where no heroic cures were undertaken—or simply due to convenient proximity, since most other hospitals were located at some distance from the northern suburbs of the *ensanche*.⁵⁴⁴ Outpatient numbers dropped sharply in 1881 but unlike for inpatients, this downward trend can easily be explained. Through the *Criterio Médico*, it is possible not only to follow the arguments about ownership and the accusations of malpractice

⁵⁴³ The hospital’s academic activities are examined in **Chapter 5**.

⁵⁴⁴ Hauser, *Madrid bajo el punto de vista medico-social*, ed. Carmen del Moral, vol. 1 (Madrid: Editora Nacional, 1979), 415–466.

SOCIEDAD HAHNEMANNIANA MATRITENSE.

DISPENSARIO PÚBLICO Y GRATUITO.

RESUMEN de los enfermos que se han presentado en el dispensario en el *mes* de la fecha.

	HOMBRES.	MUJERES.	NIÑOS.	TOTAL.
Existencia anterior..	37	53	17	107
Entrados	9	14	13	36
	46	67	30	143

Madrid 31 de Enero de 1879

El Médico de la Consulta.
A. García Díaz

Figure 4.3: Monthly return from the IHHSJ dispensary, showing outpatient figures for January 1879, certified by one of the voluntary medical officers, Anastasio García Díaz (?-?).

and mismanagement levelled against the group of Nuñez's followers left in charge after his death; it is also possible to see that the society reverted to its original operations, once again opening a free daily dispensary at its new offices in Calle Trujillo for the poor in direct competition with that run by the hospital (figure 4.3).⁵⁴⁵

Through the limited information published about this dispensary's monthly patient numbers—80 in March 1881, 324 in January 1882, 390 in January 1883—it becomes clear that the society successfully syphoned off some patients that might

⁵⁴⁵ "La Sociedad Hahnemanniana Matritense," *ECM* 22 (1881): 72.

otherwise have attended the hospital.⁵⁴⁶ Their influence was only felt among outpatients, since the *SHM* lacked the facilities to cater for those who required inpatient care. It is more than likely that patients, particularly the poor, would have been ambivalent—if not entirely unaware—about the arguments raging between Madrid's two homœopathic factions. Given a sudden choice of locations in which to receive free homœopathic treatment however, these patients may well have chosen the most convenient location or a particular practitioner under whose care they or a friend or relative had previously been. Unfortunately we have no useable data for outpatient numbers in the following years (the period shown as a dotted line in the graph), when society and hospital reunited under a common banner. The only figures available for a later period are those detailing dispensary patients between January 1888 and March 1889, showing a very substantial rise in numbers. Comparing the relatively modest *IHSSJ* with the much larger *LHH*, it seems incongruous to find the former more than doubling the larger institution in outpatient numbers during that particular period. Of course, it must be remembered that the outpatient department in Madrid supposedly received patients all day long, seven days a week, with several homœopaths volunteering there at the same time on some days, while the London outpatients department had more limited hours

⁵⁴⁶ "Dispensario publico y gratuito: Resumen de los enfermos que se han presentado en el dispensario en el mes de la fecha," *ECM* 22 (1881): 186; *ECM* 23 (1882): 72; *ECM* 24 (1883): 89.

and medical officers at their disposal, as evidenced by only one doctor's illness seriously affecting numbers. Nevertheless, this would suggest that, with figures of such magnitude, the Madrid homœopaths would have treated up to eighty patients per day, a figure not impossible but sufficiently large as to merit the question whether it actually reflected individual *patients* or possibly took account of distinct *ailments* exhibited by the same patient, or whether a distinction was still made between patients who were *new* and those *remaining* in treatment from previous visits.

While the relatively short period of time covered by the available reports and statistical returns might make the data related to the Spanish institution less informative, or at least less comprehensively representative, than that of its English counterpart, the *IHHSJ*'s figures do permit an analysis of its patient's demographic make-up. Unlike the London reports, where the interest seemed to be squarely on total numbers and disease types, leaving the gender balance to educated guesswork by means of counting gender-specific pathologies and case histories considered interesting enough for publication, the doctors in Madrid noted whether the numbers referred to men, women or children, neatly dividing their statistical reports accordingly. Plotting this data for inpatients (figure 4.4) yields a surprising result: it is often stated that nineteenth-century women were drawn more to alternative medicine than men, seeking a gentler treatment—described by some contemporaries as “a less

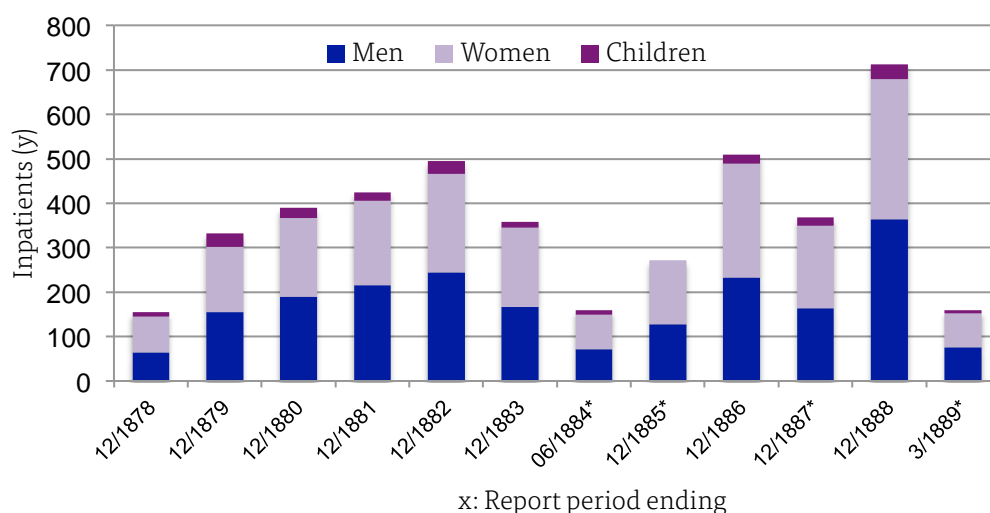


Figure 4.4: Total Yearly Inpatient figures showing patient gender and age (adults/children) distribution at the IHHSJ between 1878 and 1889 (the periods marked * are based on incomplete data).

masculine type of medicine”—as opposed to the harsher but “strongly masculine” allopathy.⁵⁴⁷ Yet in the Madrid homœopathic hospital, the ratio of male versus female inpatients was mostly equally balanced, with only an insignificant number of children finding their way into the wards—no doubt due to a lack of dedicated children’s wards. On the face of it, this would suggest that Madrid’s poor men and women held homœopathy in equal regard.

Before making any definite declarations with regards to the Spanish gender preferences towards homœopathy however, several factors must be borne into consideration. Considering the practitioners’ interest in showing the use of homœopathic medicine in as wide a variety of cases and pathologies as possible,

⁵⁴⁷ Susan Alison Kinder, “The Struggle for Legitimacy in Victorian Alternative Medicine: the Case of Hydropathy and Mesmerism” (Ph.D. diss.: Birkbeck College, University of London, 2005), 274.

it is quite plausible to assume that a selection process was at work, with doctors ensuring that patients with different ailments were admitted where possible, some of which specifically related to women's or men's health. This special interest is certainly in evidence when one considers the fact that a special department for women's diseases was first established at the hospital in 1891, no doubt in response to a perceived need.⁵⁴⁸ Furthermore, the hospital was divided equally into specific male and female wards—"San Antonio" and "Santa Isabel" for women, "San José" and "Santo Tomás" for men—which must also have contributed considerably to balancing the number of patients of each gender seen each year.⁵⁴⁹ A further indication that this distribution may not have been entirely 'natural' can be seen when the same gender division is applied to outpatients (figure 4.5).

It is immediately striking that the balance is very different from what was seen among inpatients, strengthening the possibility that the distribution seen in fig. 4.4 was conditioned more by the availability of beds in the respective wards than by a conscious choice on the part of male and female patients.

⁵⁴⁸ *Actas* 1, 7 July 1891.

⁵⁴⁹ "Departamento de Hombres y Niños: Nota estadística de los entrados en las salas de San José y Santo Tomás en el mes de Mayo ultimo," *Boletín Clínico* 1 (1881): 157 and "Departamento de Mujeres: Notas estadísticas de las salas de San Antonio y Santa Isabel, correspondientes al mes de Febrero de 1881," *Boletín Clínico* 1 (1881): 93.

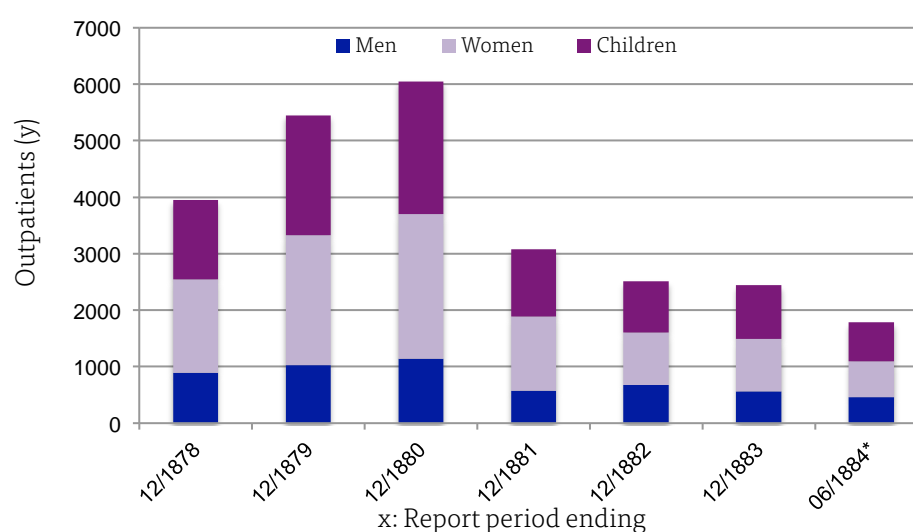


Figure 4.5: Total yearly outpatient figures showing patient gender and age (adults/children) distribution at the IHHSJ between 1878 and June 1884 inclusive (reporting periods marked * are based on incomplete data).

An alternative, equally plausible, explanation is that, since the men who attended the hospital were most commonly drawn from amongst the *working* poor, they may have been less likely to attend the hospital unless requiring medical attention for serious acute illness, whereas the women might have been more inclined or able to have long-term and chronic ailments attended to in the dispensary. At the same time, it seems that the proportion of children attending the dispensary was nearly equal to that of women, suggesting that either women might have brought their children to the dispensary for medical advice, later returning for their own ailments once the child had been successfully treated or vice-versa having been treated themselves with what they would have considered success, subsequently bringing their offspring for treatment as well. There is of course the additional element that any mother treated, if unable to leave her young children alone or

in the care of relatives, may not have had any choice but to bring them along to the dispensary, thereby quite ‘accidentally’ placing both herself and the children under the medical gaze of the duty doctor.

Having examined the numerical data for both in- and outpatients in both hospitals, in both cases seemingly illustrating that the hospitals mostly enjoyed widespread acceptance among their respective target populations, it is important to shine a light into another dark corner of these hospital wards: the reasons patients attended the two homœopathic hospitals, that drove them to seek out medical assistance in the first place. It is of course virtually impossible to ascertain what patients’ motivation for choosing—if indeed they made a conscious choice—homœopathy over more established treatments might have been, though at least in Madrid the reputation of other hospitals might have sufficed for all but the most desperate to seek alternatives such as that offered by the *IHHSJ*. It is however possible within certain parameters to establish what ailments the two institutions’ inpatients were attended for.

4.3 Pathologies Treated in Homœopathic Hospital Wards

When the *LHH* reopened its doors in Great Ormond Street in 1859, its detractors accused the homœopaths of being disingenuous about their curative abilities, ridiculing what they perceived as the supposed replacement of ‘real’ medicine by the ubiquitous sweet

little globules.⁵⁵⁰ By 1891 little had changed: at a meeting of the *London Temperance Hospital*, opened in nearby Gower Street in 1873, its medical officers proudly announced their having the lowest mortality of any similar institution in London, save the *LHH*, an institution which they asserted did not count as “serious cases were not, as a rule taken [there].”⁵⁵¹ To this day, homœopaths labour under the suspicion of treating no ‘real’ diseases but merely those that would normally resolve themselves under ‘expectant’ medical care. As late as 1979, Youngson casually dismissed nineteenth-century homœopaths in his study of Victorian medicine as irrelevant, categorically stating that, “whether they knew it or not,” they only depended on the “expectant principle,” giving remedies insufficient to “affect the patient’s health one way or the other.”⁵⁵² Youngson is illustrative of a widespread belief that homœopathy is no longer part of the modern medical sphere, a stance more recently brought to the UK Parliament’s attention through a campaign to remove homœopathy from the British National Health Service, of which the *LHH* has been a part since the NHS’s inception in 1948.⁵⁵³ The question must therefore be addressed, whether these homœopathic hospitals were little more than relatively comfortable retreats for poor patients labouring

⁵⁵⁰ Hingeston, “A Homœopathic Triumph,” 379.

⁵⁵¹ “The Temperance Hospital and the Homœopathic Hospital,” *MHR* 24 (1880): 506.

⁵⁵² A. J. Youngson, *The Scientific Revolution in Victorian Medicine* (London: Croom Helm, 1979), 19.

⁵⁵³ Ben Goldacre, “Homeopathy: someone should tell the Government that there’s nothing in it,” *The Guardian* (Manchester), 31 December 2005.

under head colds, exhaustion, indigestion and other similar conditions that may well have responded equally to rest and a better diet?⁵⁵⁴ To answer this it becomes necessary to delve further into the statistical returns provided by the two institutions. Unfortunately, the ward notebooks that might have contained the complete case histories of each hospital consultant's patients have mostly disappeared, with only later ones recovered, mostly in a lamentable condition.⁵⁵⁵ It is however possible to obtain some idea of the nature of pathologies seen in both London and Madrid through the published statistical returns, some of which included details about the cases and their outcome. In order to 'translate' the statistical returns into something allowing a meaningful comparison between hospitals and even between periods in the same institution, it has been necessary to establish a common nomenclature or classification to apply to diseases. The first return provided by the *LHH* had split its patients into major disease categories and sub-categories, according to the organs affected.

⁵⁵⁴ While from a twenty-first century perspective many of these would be considered either not suitable for medical treatment, "bagatelles" (for instance, Johanna Bleker includes Hysteria—a condition for which many servant girls were admitted there, which exercised the medical profession throughout the 19th century and beyond and which was also relatively common in the wards of both homœopathic hospitals in London and Madrid—as a "bagatelle" disease not truly requiring hospitalization: See Bleker, "Krankenhausmedizin im frühen 19. Jahrhundert, in Bleker, Brinkschulte and Grosse, *Kranke und Krankheiten*, 169) or more appropriate for the attention of the mental health professional, it must be remembered that for both allopathic and homœopathic nineteenth century practitioners these were real, by no means harmless pathologies, if contemporary allopathic hospital patient returns are to be believed.

⁵⁵⁵ These form the basis of the previously mentioned studies by Leary, Bosanquet and Lorentzon.

This in itself would have been a good basis of analysis had the categories not been subject to changes over the years, as bodies like the Royal College of Physicians implemented new ‘standards’ of classification, adopted by most hospitals. Meanwhile, Madrid’s homœopaths dispensed with categories entirely, opting instead for alphabetical listings of all diseases. As a consequence, it has been necessary to reunite all these disparate cases under one system, able to span not only both countries but also the entire time period under scrutiny. Of course, it was equally important to avoid the pitfalls of retro-diagnosis from a modern perspective, though the dangers of this were slim given the scarcity of detailed source material. The Royal College of Physicians’ *Nomenclature of Diseases*, though a great help in translating late nineteenth-century diseases and classifications between Latin, French and German, was found too unwieldy for the purpose.⁵⁵⁶ Nowadays, the standard international epidemiological tool used is the World Health Organization’s *International Classification of Diseases*.⁵⁵⁷ The ICD evolved out of various attempts at classifying causes of death for epidemiological studies, most notably the Parisian chief of statistics Jacques Bertillon’s (1851–1922) report on the “nomenclatures of diseases,” presented to the International

⁵⁵⁶ [Royal College of Physicians], *The Nomenclature of Diseases drawn up by a Joint Committee appointed by the Royal College of Physicians of London* (London: HMSO, 1896).

⁵⁵⁷ The current tenth edition of the ICD (known as ICD-10), endorsed by the WHO in 1990, can be accessed at www.who.int/classifications/icd

Statistics Institute in 1893.⁵⁵⁸ Following his conviction that individual diseases remained identifiable for longer periods without major changes than ideas about their nature, which lost meaning over time, Bertillon proposed a unified system of headings according to the anatomical site in which the individual diseases were located.⁵⁵⁹ These headings coincide well with those used by the English homœopaths, while being comprehensive enough to be applied to the cases published by the Madrid hospital. Therefore, Bertillon's system (in its 1899 published edition) was chosen as reference by which pathologies could be classified for the purpose of statistical analysis and comparison.⁵⁶⁰ Bertillon's system encompasses fifteen categories (Table 4.1) into which all pathologies are divided, making it possible to compare the broad categories of diseases seen in both hospitals in the period for which we have information available.

Earlier in this chapter, it was stated that patient returns giving numerical data for both hospitals were only available for certain years. When it comes to analysing the diseases they were treated for, we are unfortunately faced with few years for which *full* information was provided, although there is sufficient to give a good idea of general trends through the early history of both

⁵⁵⁸ Iwao M. Moriyama, Ruth M. Loy and A. H. T. Robb-Smith, *History of Statistical Classification of Diseases and Causes of Death*, ed. and upd. Harry M. Rosenberg and Donna L. Hoyert (Hyattsville: National Center for Health Statistics, 2011), 11.

⁵⁵⁹ *Ibid.*, 11.

⁵⁶⁰ [American Public Health Association], *The Bertillon Classification of Causes of Death* (Lansing: Robert Smith Printing Co., 1899).

institutions. Where ambiguous meanings of words might have posed a problem at the time of assigning classifications to individual pathologies, a contemporary English or Spanish medical dictionary was used in order to ensure that the most accurate interpretation of the disease, as would have been familiar to contemporary physicians, was used.⁵⁶¹

Table 4.1: The fifteen classes of disease according to the Bertillon Classification of Causes of Death, 1899.

i	General Disease of 'Epidemic' Nature
ii	General Diseases of 'Other' Nature
iii	Diseases of the Nervous System and of the Organs of Sense
iv	Diseases of the Circulatory System
v	Diseases of the Respiratory System
vi	Diseases of the Digestive System
vii	Diseases of the Genito-Urinary System and Adnexa
viii	Puerperal Conditions
ix	Diseases of the Skin and Cellular Tissue
x	Diseases of the Organs of Locomotion
xi	Malformations
xii	Infantile Diseases
xiii	Diseases of Old Age
xiv	External Violence, Accidents, Poisonings etc.
xv	Ill-Defined Diseases

4.3.1 Diseases Treated at the LHH, 1850–1886

For the *LHH*, it was possible to obtain detailed information on individual cases seen in the wards for the following periods: April 1850–December 1856; June–December 1859; January 1861–December 1865; January–December 1867; January–December 1869;

⁵⁶¹ A list of reference sources used, including medical dictionaries can be found in the bibliography's "tertiary sources" section.

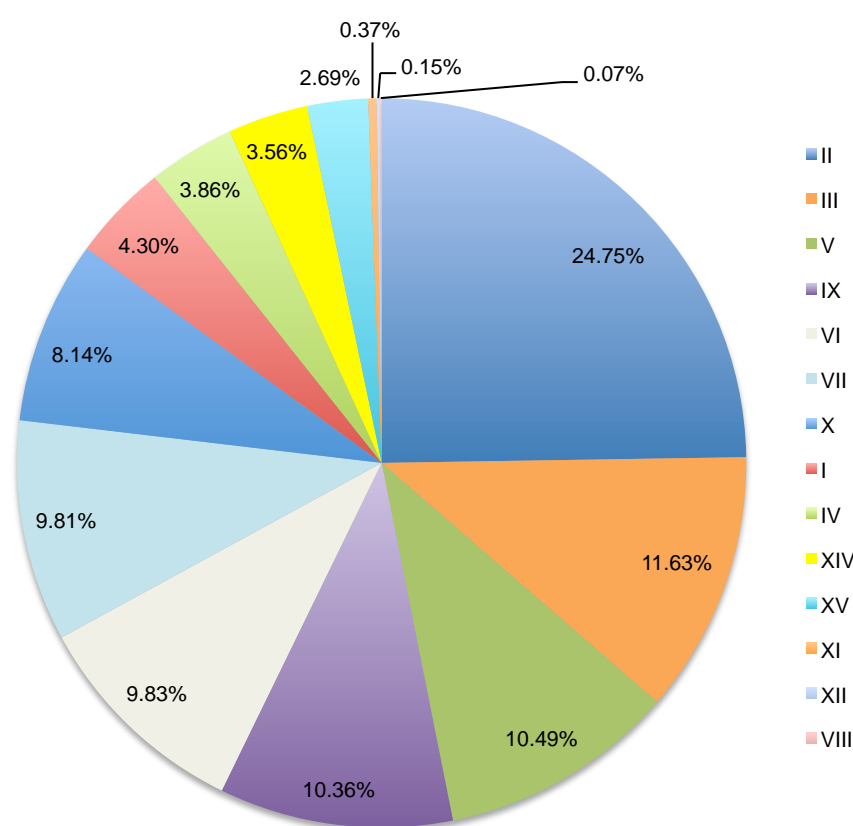


Figure 4.6: Disease classes (according to the Bertillon system of classification detailed in Table 4.1) treated in the LHH wards over the periods examined between 1850 and 1886, by order of magnitude.

January–December 1875; January 1879–March 1881 and April 1885–March 1886 (all dates inclusive). After processing the returns and classifying the individual diseases following Bertillon’s system, the data was tabulated and plotted as a pie chart showing disease classes arranged clockwise by order of magnitude over the entire periods examined (figure 4.6).⁵⁶² Due to the gaps in the figures caused by those years for which no detailed information was available, this cannot be considered a definitive representation, though examining the trends seen in the tabulated data, there is

⁵⁶² For tabulated data see Appendix G.

no reason to assume any significant variation in the overall results from what can be observed in this graph. From the chart, it is clear that the most common cases seen in the *LHH* over the entire examined period were those of class II, “General Diseases: Other,” making up 25% of all cases admitted to the wards. The category name (similar to the earlier classification “Diseases of Uncertain Seat”) is vague, though it includes such important pathologies as “rheumatic conditions” (825 cases in total) and “phthisis and consumption” (391 cases) as well as “intermittent fever;” tuberculosis; syphilitic conditions and certain cancers, among others. “Diseases of the Nervous System and of the Organs of Sense” follow in second place. While this category did indeed include many of the conditions—like “mental alienation” and hysteria (113 cases)—that might have fitted the image of the homœopath as a suspect healer of diseases that were difficult to quantify or prove, it also included indisputably organic affections of the brain, eyes and ears: 96 patients were treated for ophthalmias, 66 for sciatica, 59 for chorea and a variety of different paralyses (146 cases) were also present.

In third place, category IV, “Diseases of the Genito-Urinary System” provides a further clue as to the popularity of the *LHH* with women patients: While many of the disease classes make it impossible to discern the patient’s sex beyond mere guesswork, within this particular category the most represented morbid states were non-puerperal conditions affecting the female reproductive

system and breasts (438 cases), while only 89 cases concerned unequivocally male complaints. 179 of these female patients were treated for uterine, vaginal and ovarian complaints, not including those of a cancerous, ulcerative or inflammatory nature that were assigned different categories. 76 of them suffered from menstrual abnormalities (amenorrhea and menorrhagia).

Categories V (“Respiratory System”), VI (“Digestive System”) and IX (“Disease of the Skin”) follow in approximately equal positions, representing around 10% of cases each. The most prominent by number were those classed as “other diseases of the skin” (IX 129 f: 391 cases), a subcategory that included unspecified ulcers and eczema, as well as herpes, psoriasis and scabies. In close second place were diseases of a bronchitic nature (374 cases), followed by non-cancerous gastric ailments (255 cases), abscesses (204 cases), pneumonia (155 cases) and diseases of the pharynx (116 cases).

The last important category is X, “Diseases of the Organs of Locomotion,” encompassing most non-rheumatic conditions affecting bones and joints, with 9% of all inpatients at the *LHH* being treated for these. Most suffered from abscesses and ulcerations of the bones and joints (212 cases) as well as from other unspecified joint diseases (154 cases).

In final place, one category must be highlighted, not due to its large share of patients—making up a mere 4% of inpatients for the entire period examined—but because it was found to have any

considerable size at all. It can be argued that a homœopathic hospital may naturally have attracted those patients suffering from conditions that were treated unsuccessfully by allopaths, and indeed there is evidence suggesting that at least some of the *LHH*'s patients had chosen it as a last resort.⁵⁶³ Category xv, "External Violence," included all accidental injuries, including burns, fractures and sprains. Such patients were unlikely to have been subjected to other treatment prior to presenting themselves at the hospital, suggesting two possible explanations: either these accidents occurred in the immediate vicinity of the hospital, the patient therefore attending the nearest medical facility available at the moment of injury, *despite* it being homœopathic—this was the case with at least *one* patient, the composer Carli Zoeller (1840–1889), who broke his arm opposite the hospital's entrance in 1872 and organized a fund-raising recital in gratitude for the treatment he received.⁵⁶⁴ Alternatively, it could signify that patients saw the *LHH* as no different from any 'normal' hospital, where they could find relief for *any* acute condition. Furthermore, the presence of accident victims in the hospital's wards suggests that the doctors did indeed work with more than homœopathic globules, something that warrants a closer examination in its own right later in this chapter. At the same time, none of these injuries ever resulted in fatalities. This begs the question whether doctors only saw 'light' injuries or whether those who succumbed from

⁵⁶³ Leary, Lorentzon and Bosanquet, "'It won't do any harm,'" 259.

⁵⁶⁴ "Twenty-Ninth Annual Report," 205–206.



Figure 4.7: A view of the entrance area of “Barton” ward, the London Homœopathic Hospital’s children’s ward, c. 1898. Barton Ward’s long-serving Sister Marion is seen on the right while a nurse probationer plays the “Erhardt” piano recently donated to the ward.

accidental injury shortly after arrival at the hospital were never technically ‘admitted’ and thus did not figure in the statistics.

An examination of the under-represented or entirely missing categories is equally informative: puerperal, infantile and old-age diseases can be explained respectively by the lack of a maternity ward in the homœopathic hospital and the general refusal of most hospitals, including the *LHH*, to accept incurable cases, such as those falling under the category of “senile debility.” It must be remembered that Bertillon’s “Infantile Diseases” category (XII) was strictly limited to births, congenital debility and other non-contagious diseases particular to neo-natal infancy. The hospital did have a children’s ward (figure 4.7) but the diseases seen there

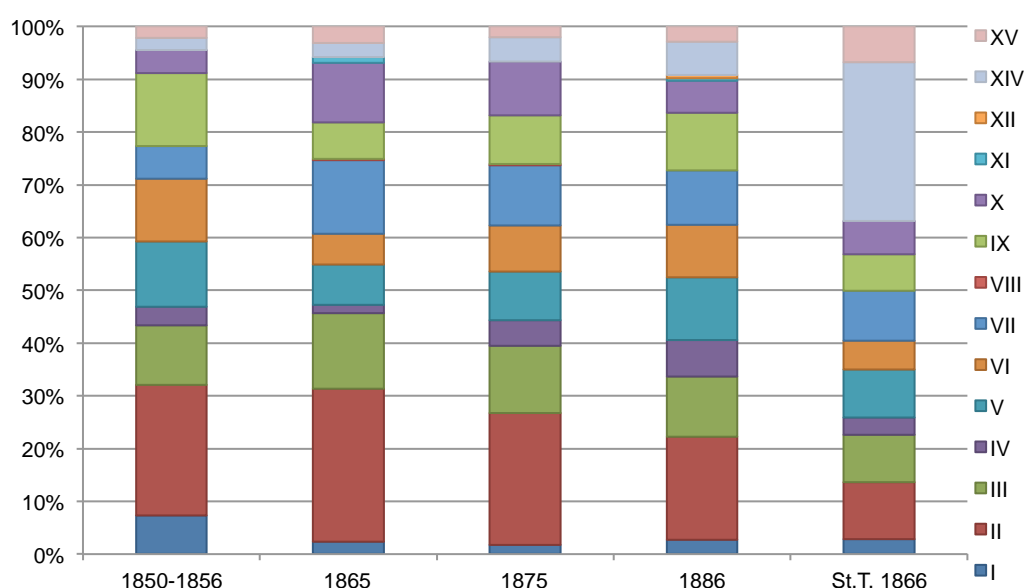


Figure 4.8: Evolution of Disease class distribution (represented cumulatively in % of all cases seen each year) at the LHH over four different periods, compared with that at St Thomas's Hospital in 1866.

were not *classed* as different from those of adults. Similarly, the low numbers in category I (general diseases of a contagious nature) can be explained by the strict prevailing rule against admitting contagious cases, some of those listed representing rare cases where the true disease only became known after admission or those admitted under exceptional circumstances such as the 1854 cholera outbreak.

Taking a side-by-side view of disease class distributions at approximately regular intervals (subject to the available sources) it is possible to observe the changes in cases admitted to the hospital over time between 1850 and 1886. While fluctuations are apparent on the resulting graph (figure 4.8), particularly in the number of “epidemic” diseases after 1856, mostly by 1886 a more or less even

distribution of disease types was reached. Taking a comparative approach and juxtaposing the situation at the *LHH* with that at one of the larger contemporary voluntary hospitals, *St Thomas's Hospital*, in 1866 (the year for which the most complete patient data was found for this institution, though later years did not seem to present much variation so this can be assumed to be fairly representative of later decades) reveals some expected differences but also similarities.

While *St. Thomas's* was an established large metropolitan hospital with vast surgical and medical departments, explaining the prominence of surgical "accident" cases (XIV: 30.1%), the distribution of many of the other disease categories was not vastly dissimilar (in relative terms) from that seen at the homœopathic hospital. This suggests that the *LHH* was not trying to be a 'specialist' hospital but appeared to operate in all ways like any 'general' hospital. Its admissions increasingly reflected this over the years as case type distribution became ever more balanced, so that by 1886 it had reached a ratio that resembled that seen at *St Thomas's* two decades earlier (and to an extent one that still remained true there in the 1880's). General diseases (II) were reduced, though still the most important section, while the difference in proportion between classifications III, V, VII and IX slowly disappeared. Accident cases, while clearly not able to reach the levels of *St. Thomas's*, were also increasing. The overall picture of ever more varied admissions in proportions that, while not

equal, were at least diminishing in disparity, lends credence to the assertion that this was indeed a 'general' hospital similar to other, larger, metropolitan institutions.

The examination of the total number of patients in the different categories of disease treated at the *LHH* provides a good overall impression on the 'life' within the wards. However, it only gives information on what diseases were admitted, not how those patients who eschewed the allopathic school in favour of treatment at the homœopathic institution actually fared. The same statistical sources that have allowed the analysis of diseases treated also provide information on the outcomes in most cases, usually tabulated into five main categories: "Cured" (sometimes called "recovered"); "Improved" (or "relieved," a category that sometimes was further qualified by the sub-divisions "much improved" and "improved"); "dismissed unaltered" (or "unrelieved"); "died" and finally those remaining "under treatment" at the time of the annual returns being compiled. Some of these categories do appear to be extraordinarily subjective—what constituted the dividing line between someone whose case of phthisis was "much improved" and someone who merely left "improved," for instance? Nevertheless, these categories correspond to those used in other contemporary institutions so must be considered acceptable for the purpose of this examination. For some years, a sixth category was also used, variously called "dismissed for irregularities," "discharged at own

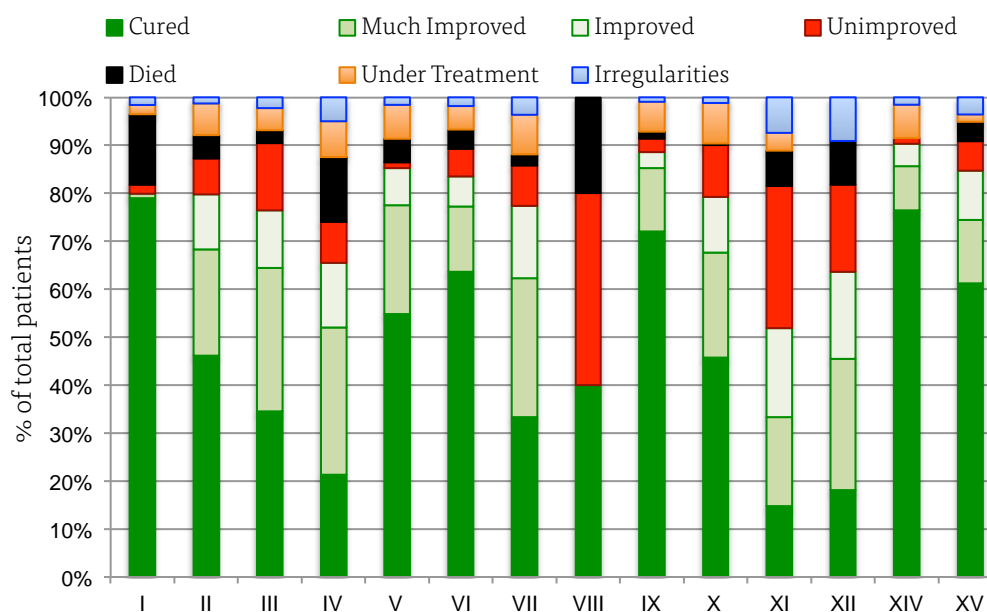


Figure 4.9: Cumulative representation of treatment outcomes out of total inpatients in each Bertillon class at the LHH during examined period.

request” or “unfit.” The figures for this category however are so low as to barely have an impact on overall numbers, suggesting that while some patients did indeed leave the homœopathic treatment unsatisfied and against the wishes of their physician, they were a relatively insignificant minority, amounting only to 1.9% of all inpatients of the entire examined time span. This in turn suggests that treatment at the *LHH* was considered by most patients to be at least as satisfactory as what they expected to receive at any other voluntary hospital.

Overall mortality at the *LHH* between 1850 and 1886 was very low, reaching only 4.15%. 50.6% of patients left “cured” and a further 30.18% had their condition improved. Breaking down these figures by disease classification allows a more detailed analysis of the treatment outcomes for each type over the examined period

(figure 4.9). It is clear from the chart the London homœopaths had, or at least were perceived to have, a very high rate of success in most cases, with almost all categories showing a large percentage of cures and improvements and a very low mortality rate. The highest mortality is found in “puerperal” cases (VII: 20%), followed by “epidemic diseases” (I: 14.7%) and “diseases of the organs of circulation” (IV: 13.52%). The lowest corresponds to “external violence,” with no fatalities, followed by “diseases of the skin” (IX: 1.46%).

It is important not to simply take these figures at face value but to examine them in the right context, as the percentile figures can on occasion distort the real picture depending on the number of cases they actually represent. For instance, the high mortality in puerperal cases does not correspond to a large amount of deaths from such diseases but rather corresponds to only one patient who died of puerperal fever in 1861 out of only five patients admitted in this category over the entire time span. Mortality in epidemic diseases, on the other hand, represents 46 fatalities out of 313 cases treated, definitely lower than the average found in other hospitals. While cholera has already been examined in a previous chapter, 13 patients in this category died from “enteric” or “typhoid” fever, out of a total of 100 admitted for this disease.⁵⁶⁵ To put this into

⁵⁶⁵ The exact interpretation of what constituted “typhus,” “enteric fever” and “typhoid fever” in the eyes of nineteenth-century practitioners is open to interpretation: “typhus” and “typhoid fever” were sometimes counted as the same disease and sometimes separately. The same applies to “enteric fever.” For

context, typhoid fever was, throughout the second half of the nineteenth century, a major cause of death and disability in Europe and the United States, ranking fifth among causes of death in the latter and responsible for 14% of all deaths in England and Wales between 1871 and 1880.⁵⁶⁶ The hospital's 13% mortality for enteric fevers may seem high compared with the overall 4.15% for the entire period but appears in a more favourable light when compared with the 17.9% seen at the *London Fever Hospital* between 1848 and 1862, described as "approximately equal to that of the best hospitals in France, Germany and England," though of course this institution admitted a much higher number of patients so comparison may be somewhat skewed.⁵⁶⁷ As for the diseases of the circulatory system, the highest number of fatalities was, predictably, found in cases of "valvular heart disease" (13.79%), "pericarditis" (21.05%) and "endocarditis" (23.08%). Again, the overall mortality rate for this class of disease (13.52%) compares favourably with, for instance, that of similar diseases admitted to *London's St. Thomas's Hospital* (between 23% and 43% for medical

the purpose of this study, following Bertillon's classification and the RCPL nomenclature, "typhoid" and "typhus" were counted as different diseases, while "typhoid fever" and "enteric fever" were classed as the same, though some contemporary authors like Charles Murchison argued for them being considered different pathologies: Murchison, *A Treatise on the Continued Fevers of Great Britain* (London: Parker and Bourn, 1862), 217.

⁵⁶⁶ H. O. Lancaster, *Expectations of Life: A Study in Demography, Statistics and History of World Mortality* (New York: Springer, 1990), 71–72.

⁵⁶⁷ *Ibid.*; The statistical returns on which the cited analysis of the *London Fever Hospital* is based omitted all cases admitted as "moribund" or those with fatal outcome within forty-eight hours of admission to reach this figure, which would otherwise have risen to 29.89%, while there is no evidence that the homœopathic hospital's 13% were obtained using similar methods.

and surgical cases in this class between 1866 and 1869).⁵⁶⁸ It is of course not possible to draw definite conclusions on the value of nineteenth century homœopathic cardiac treatment from this. Nonetheless the fact that 4% of patients were admitted to the *LHH* for diseases affecting the heart, compared with 6% for the much larger *St Thomas's Hospital*, is an indication that patients were not *a priori* dissuaded from placing themselves under a homœopathic regime for their conditions. The high hospital mortality for heart disease in both homœopathic and allopathic institutions can also at least partially be explained by the relative lack of available treatments and the extreme reluctance to attempt invasive procedures suited to some cardiac affections.⁵⁶⁹

Drawing back from the individual disease classes and mortality rates, probably the most important fact from the patient's and subscribers' point of view was that the hospital could boast that 50.6% of its patients left, at least in the opinion of their attending medical officer, "cured." A further 20.67% were deemed to have greatly benefitted from their treatment while 9.51% were merely somewhat relieved. In summary, it was therefore perceived that 80.78% of patients left the wards in a better state of health than they had arrived in. Only 6.95% of cases defeated the medical staff completely, the patients having to be dismissed unaltered. Again, the conditions least likely to benefit from homœopathic treatment

⁵⁶⁸ "Medical Report," *St. Thomas's Hospital Reports* 1 (1870): 520.

⁵⁶⁹ Allen B. Weisse, "Cardiac Surgery: A Century of Progress," *Texas Heart Institute Journal* 38 (2011): 486.

were puerperal where, as had been the case with mortality rates, the 40% of unrelieved patients reflected only two cases, one of which was intriguingly listed as “pregnancy,” prompting both the question whether this technically constituted a morbid state and speculation as to the patient’s possible surprise when given the diagnosis. “Malformations” (XI) also had a high rate of failure for homœopathic treatment, though the nature of the complaints involved make this unsurprising.

Having now examined both the nature of the morbid conditions treated within the wards of the *LHH*, as well as the outcome of these—as perceived and recorded by the institution’s medical officers—it is time to turn our gaze back to its Madrid counterpart to see what information can be gleamed about the diseases seen in the *IHHSJ*’s wards. Not only will this shed more light on a hitherto completely ignored aspect of the institution but more importantly it will allow for a direct comparison between the two hospitals, allowing conclusions to be drawn on whether the conditions and outcomes seen in London were unique to that institution or whether homœopathic hospitals operated within similar parameters regardless of location.

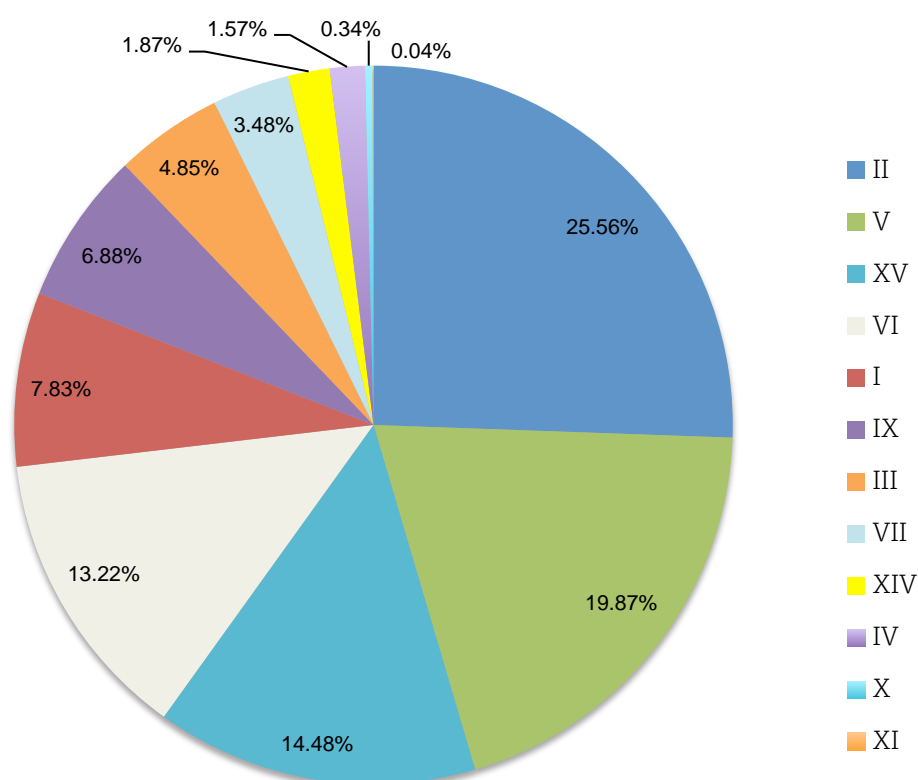


Figure 4.10 Disease classes (according to the Bertillon System of classification detailed in Table 4.1) treated in the IHHSJ wards over the periods examined between 1878 and 1886, by order of magnitude.

4.3.2 Diseases Treated at the IHHSJ, 1878–1886

From the sources available for the Madrid hospital, it has been possible to obtain specific details about the cases treated in the wards for the following periods: 1878 to June 1883; January to June 1884 and July 1885 to June 1886. The data was tabulated by the same criteria as that used for the LHH and plotted as a pie chart showing the distinct disease classes (following the Bertillon system) by decreasing order of magnitude, allowing a better visualization of disease distribution (figure 4.10). From the chart, it is possible to see that, just as was the case in London, the Madrid hospital saw a majority of “general” diseases of category II,

totalling over 25% of patients. There was however a larger amount of “epidemic” diseases (I: 7.83%) present in the Madrid wards and the distribution of other disease categories was also quite unlike that seen in its London counterpart. Category II (25.56%) encompasses many chronic and difficult diseases and so its share among all classes seen at *San José* may be due to patients attending the homœopathic hospital as a last resort, having been dismissed as incurable elsewhere, or who simply had not found the relief they had hoped for in allopathic medicine. The category also includes “intermittent fevers,” the second highest incidence of cases within this class in fact. The next most important category was that of “respiratory diseases” (VI: 19.87%), “ill-defined diseases” (XV: 14.48%), the most prominent of which were so-called “gastric fevers,” followed by “digestive diseases” (VI: 13.22%) and the aforementioned “epidemic diseases.” Unlike London, in Madrid nervous diseases only occupied a low seventh place. Furthermore, there was an absolute absence of puerperal diseases; diseases of childhood or those of old age. Again, just like in London, this was most likely due to the admission rules established in the hospital’s laws, clearly proscribing the admission of patients who would not contribute to fulfilling the institution’s aim of admitting only those desirous of receiving homœopathic treatment for acute disease.⁵⁷⁰

⁵⁷⁰ IHHSJ, *Reglamento* (1881), 9.

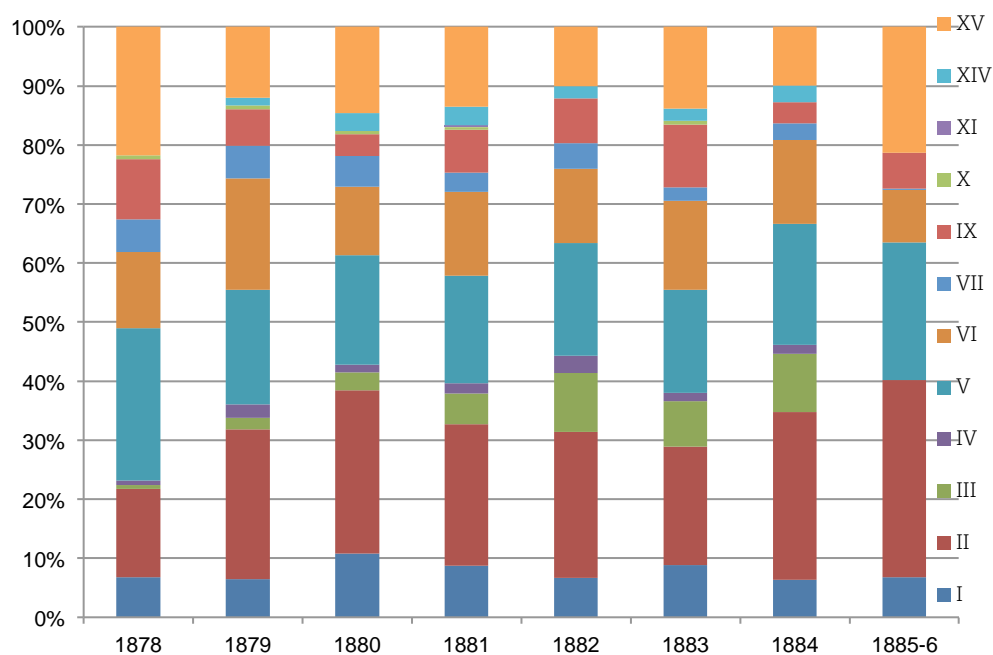


Figure 4.11: Evolution of Disease Class distribution at the IHHSJ between 1878 and 1886

Comparing the individual years for which information could be found side-by-side also yields an interesting detail: it immediately becomes apparent that categories I (“epidemic”), II (“general: other”), V (“respiratory”), VI (“digestive”), XV (“ill-defined”) and to an extent IX (“skin”) remained more or less constant through the years, suggesting a regular supply of patients in each category requesting assistance year after year (figure 4.11). Categories X (“organs of locomotion”), VII (“genito-urinary”) and XIV (“external violence”) on the other hand seem to vanish entirely from the final returns for 1885/1886, though this may be due to a statistical glitch caused by incomplete data sets available for that year. The previous years certainly make it seem unlikely for these categories, some of which were on the increase, to simply

disappear and no evidence can be found about any events at the hospital (such as the lack of a particular specialist medical officer) that might have caused such a drastic change. Even taking these disappearances into account, the picture presented by both fig. 4.10 and fig. 4.11 is one of a hospital that was, albeit to a lesser degree than the *LHH*, 'general.' There were particular classes that presented a much larger share of patients than others, though within these the numbers remained more or less balanced and overall few changes could be seen over the years. Unfortunately, it has not been possible to identify any suitable allopathic hospital reports to compare these figures with.

Having seen the nature of cases treated at the *IHHSJ*, it is also again possible to ascertain the 'success' Madrid's homœopaths claimed in fighting disease. Unfortunately the returns for 1878 and 1879 only listed total numbers of patients received for each pathology, the figure combining both "cured" and "died" patients for the year, though in subsequent years it is possible to obtain more information. Another significant caveat must nevertheless be inserted here as, unlike the sources available for London, the doctors at the *IHHSJ* only published figures for patients who had officially been discharged (*altas*) from the hospital. A discharge meant a *final* conclusion to the morbid state, either as "cured" or "dead." Shades such as "relieved," "very relieved" or "unaltered" were not included in any of the returns. This raises the question whether those who found only some or even no relief at all were

simply removed from the final figures or counted as either “cured” or “dead.” The third possibility is that ‘recalcitrant’ patients were forced to remain under treatment until either cure or death took place. This, while seemingly in keeping with the hospital’s rules that allowed patients to leave the hospital only with the permission of the physician in charge of their ward, seems a highly unlikely scenario.⁵⁷¹ A final, more realistic, possibility is that such cases may have usually been returned to the care of the dispensary, where no definite outcomes were recorded (or at least no such records have survived). It is therefore only possible to speculate and to point out this discrepancy in the returns when analysing the results. It is also worth mentioning that the homœopaths were in no way acting on their own by providing returns that lacked these details: from the few examples that could be found in the Spanish medical press, other institutions’ returns also limited themselves to accounting for those who had been cured and those who had died under their care.⁵⁷²

Charting overall cure and mortality rates between 1880 and 1886 for the different classes of diseases (figure 4.12), it is apparent that the IHHSJ exhibited a very similar pattern of mortality to its London counterpart: its overall mortality between 1880 and 1886

⁵⁷¹ IHHSJ, *Reglamento* (1881), 10.

⁵⁷² “Estadística del Hospital Militar de Badajoz durante el año 1865,” *El Siglo Médico* 51 (1868): 619; “De la Estadística del Hospital General,” *El Liberal* (Madrid), 8 January 1891.

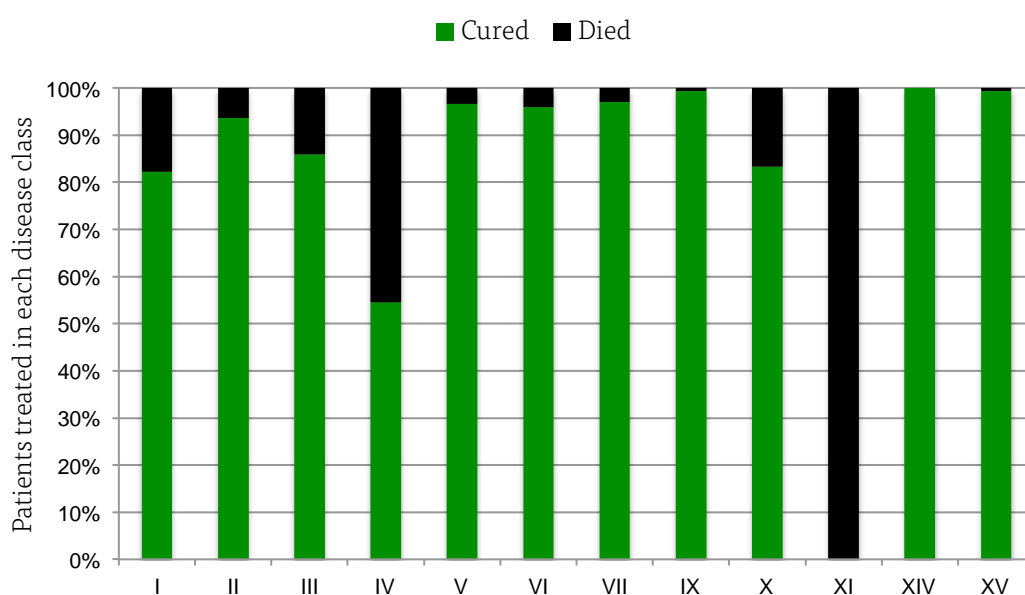


Figure 4.12: Cumulative representation of treatment outcomes out of total inpatients in each Bertillon class between 1880 and 1886

was a remarkably low 6.06%, with a majority of deaths caused by typhoid fever.

For both hospitals, the highest significant mortality numbers could be found in cases of diseases of the organs of circulation (IV: 45.45% in Madrid versus 13.52% in London—approximately 39% if only deaths and cures were taken into account to make the figures symmetrical to the Spanish hospital). Hydro-pericarditis, endocarditis and other organic diseases of the heart had the lowest survival rates in both hospitals.⁵⁷³

⁵⁷³ The 100% mortality seen in category XI for the *Hospital de San José* is in fact a single death of a patient admitted with hydrocephalus in 1880, the only “malformation” case admitted in all reported years, which therefore can not be considered a significant indicator of mortality. The same applies in London where the only two deaths in category XI were due to hydrocephalus.

Epidemic diseases ranked second, with a mortality rate of 17.7% caused almost entirely by typhoid fever, approximately 18% of those admitted with the disease succumbing to it. The last important source of mortality was class III, diseases of the nervous system, with 14.17%, apoplexy and meningitis being solely responsible for this elevated figure, causing 17 deaths out of 120 patients. The relatively elevated mortality of diseases affecting the organs of locomotion (x: 16.67%) can again be attributed to a statistical anomaly, with only two deaths from “Pott’s disease” (arthritic tuberculosis of the spine), since very few patients fitting into this category were admitted to the wards.

Having examined both the proportions of disease types as well as their perceived outcomes according to the medical officers compiling the yearly statistical returns for both hospitals, it is possible to make a comparative analysis of the two institutions from this particular perspective, as well as attempting to find explanations for some of the aspects discovered, such as the prevalence of certain diseases, by examining them within the context of the hospitals’ location and historical period.

4.4 *Interpretation of Statistical Results for both LHH and IHHSJ*

When looking over the statistical evidence obtained in the last two sections of this chapter, the first aspect that strikes the observer is that both hospitals had very obvious lower mortality rates than could be expected from contemporary voluntary hospitals in

either London or Madrid. While there is no indication that London's hospitals, whose average mortality rates were settling between 13.2% and 17.2% by the late nineteenth century,⁵⁷⁴ were seen with particular fear or mistrust by their patients, the story is somewhat different for the Madrid institutions, considered by much of the city's population veritable "antechambers of death."⁵⁷⁵ Even some of the city's doctors shared this opinion, calling for the sick poor's urgent removal, at any cost, from hospitals that were mere sources of disease and misery.⁵⁷⁶ The Hungarian physician Philip Hauser (1832–1925), whose 1902 medico-social study of Madrid is still considered one of the most influential works on the subject in Spain, also described the pitiful state of the Spanish capital's hospitals: the two main hospitals lacked everything required for the purposes of good hygiene;⁵⁷⁷ the *Hospital Provincial's* 15% mortality rate between 1895 and 1899 meanwhile was described as entirely false since its survivor figures were artificially inflated by including the so-called *calandrias* (literally: "Calandra Larks")—those unfortunates who, out of abject poverty, faked illness to receive food and lodging in the wards.⁵⁷⁸ Hauser argued that hospitals like the *Provincial* presented more of a

⁵⁷⁴ These figures are based on the statistical returns given in: *St Thomas's Hospital Reports*, new series, 1 (1871); *St Thomas's Hospital Reports*, new series, 2 (1872); *Clinical Lectures and Reports by the Medical and Surgical Staff of the London Hospital* 2 (1865).

⁵⁷⁵ Pallol Trigueros, "El Madrid moderno," 276–277.

⁵⁷⁶ X, "¡Abajo el Saladero!" 125.

⁵⁷⁷ Hauser, *Madrid*, vol. 1, 430.

⁵⁷⁸ *Ibid.*, 431.

danger than a service to the city's population, judging from the surrounding areas' high death rates.⁵⁷⁹ While the two cities were therefore clearly very different from the perspective of hospital provision, both homœopathic hospitals stood out from among their contemporaries due to their significantly lower death rates. But were these differences genuine or in fact due to a selection of cases that were not representative of the prevalent diseases at the institution's location and therefore different from those the allopathic hospitals had to contend with?

In figure 4.7, an indication was already given that the distribution of disease classes was not entirely dissimilar from that seen at one of the large metropolitan hospitals. Looking in more detail at some of the most prevalent diseases seen in the London wards reveals that, far from being different from what most hospitals would have treated, they were in fact a very accurate representation of those ailments most commonly afflicting London's poor, at least according to the newspaper *The Morning Chronicle* which gave details of the 475 persons who had applied to London's *Central Asylum* in Whitecross Street during 1848/1849:

The catarrh and influenza, the rheumatism, bronchitis, ague, asthma, lumbago — all speak of many long night's exposure to the wet and cold; whereas the abscesses — ulcers — the diarrhea, and the excessive debility from starvation, tell — in a manner that precludes all doubt — of the want of proper

⁵⁷⁹ Ibid.

sustenance and extreme privation of these, the very poorest of all the poor.⁵⁸⁰

Since no comparative data has been found to contrast the distributions seen in the wards of the *IHHSJ*, a closer look at the most common diseases identified earlier in this chapter is required to ascertain whether these were accurate reflections of that which most afflicted Madrid's poor.

The most prominent by numbers were those that might otherwise be considered long-term ailments such as "rheumatisms." While technically neither the London nor the Madrid hospital admitted "chronic" diseases, both treated a large number of patients with rheumatic and arthritic conditions. It can of course be speculated that at least some of these might—just like some cases of "paralysis"—have been acute symptoms of an underlying syphilitic condition, though an explicit diagnostic of syphilis was surprisingly rare.⁵⁸¹ It is plausible that such pseudo-acute

⁵⁸⁰ [Special Correspondent], "Labour and the Poor: The Metropolitan Districts. Letter XXV," *The Morning Chronicle* (London), 11 January 1867.

⁵⁸¹ While it is plausible that many latent cases of syphilis were not recognized as such prior to the discovery of the causative organism in 1905 and the more reliable twentieth-century diagnostics, Hauser also mentions that Madrid exhibited a lower *official* incidence of syphilis infections and deaths than other comparable Southern European cities. He argued that this was probably at least partly due to some doctors diagnosing syphilis as other less-reviled diseases in order to spare their patients' families the embarrassment and turmoil, particularly in cases of congenital disease: Hauser, *Madrid*, vol. 2, 135. See also Claude Quézel, *The History of Syphilis*, transl. Judith Braddock and Brian Pike (Baltimore: Johns Hopkins University Press, 1992), 161. On Syphilis and homœopathy, see also Anne-Hilde Martina Van Baal, *In Search of a Cure: the Patients of the Ghent homœopathic Physician Gustave A. Van den Berghe (1837–1902)* (Rotterdam: Erasmus, 2008) and Sabine Brehme, *Krankheit und Geschlecht:*

conditions were in higher prominence at the homœopathic hospital than at other institutions due to a perceived lack of effective treatment or agreeable results obtained elsewhere: at least some of the patients were admitted after having tried other methods to no avail, finally deciding upon homœopathy as a last resort due to a continued lack of relief.⁵⁸²

The high number of “intermittent fever” cases has already been touched upon in a previous chapter as a possible indicator of the *IHHSJ*’s patients’ origins, though it must also be added that malaria (an obvious suspect for at least some of these cases) was endemic in Madrid—and indeed most of Spain—becoming an “exclusively Spanish and Italian problem” and the primary cause of disease in rural areas from the turn of the century until its eradication in the early 1960s.⁵⁸³ The neighbourhood of Chamberí would certainly have been a good breeding ground for the disease, from the brick-makers’ yards and ubiquitous *lavaderos* (wash houses) with their stagnant pools of water to the colossal works surrounding the *Canal de Isabel II*, providing a compelling possible

Syphilis und Menstruation in den frühen Krankenjournalen (1801–1809) Samuel Hahnemanns (Marburg: Tectum Verlag, 2006).

⁵⁸² Vicente Vignau, “Dispensario Público del Hospital de San José,” *Boletín Clínico* 1 (1881): 20.

⁵⁸³ Esteban Rodríguez Ocaña et al (eds.), *La Acción Médico-Social contra el Paludismo en la España Metropolitana y Colonial del Siglo XX* (Madrid: CSIC; Eledeeme, 2003), 17 and López Piñero, “La Medicina y la Enfermedad en la España de Galdós,” *Cuadernos Hispanoamericanos* 250–252 (1970–1971): (Alicante: Biblioteca Virtual de Miguel de Cervantes, 2012) 664–677. <http://www.cervantesvirtual.com/> last accessed 5 June 2012.

explanation for the prevalence of these fevers and proof that they represented a common ailment.⁵⁸⁴

“Respiratory diseases” constituted 20% of the *IHHSJ*’s patients. López Piñero argues that alongside acute nervous and digestive diseases, respiratory conditions accounted for more than one third of all deaths in 1880s Spain, which certainly makes the large proportion of cases seen in the hospital a representative sample.⁵⁸⁵ This is also corroborated by Jimeno Agius’s study of Madrid’s mortality causes, showing 23 of every hundred deaths being caused by acute respiratory conditions.⁵⁸⁶ In her study of Madrid’s population’s health in the 1880s and 1890s, Porras Gallo also points to the absolute prominence of respiratory disease as a cause of death in the Spanish capital: Referring to Hauser’s study, she agrees with his suggestion that much of the mortality annually ascribed to “Bronchitis” and other respiratory diseases may in fact have been undiagnosed cases of pulmonary tuberculosis, a disease that Hauser argued had been much more widespread than was reported.⁵⁸⁷

Another common morbid state seen in the Madrid hospital was so-called “Saturnine” or lead colic, for which at least two possible

⁵⁸⁴ Pallol Trigueros, “El Madrid moderno,” 184.

⁵⁸⁵ López Piñero, “Medicina y Enfermedad,” 664–677.

⁵⁸⁶ J. Jimeno Agius, *Madrid; Su población, natalidad y mortalidad* (Madrid: Establecimiento tipográfico de El Correo, 1886), 69.

⁵⁸⁷ María Isabel Porras Gallo, “Un acercamiento a la situación higiénico-sanitaria de los distritos de Madrid en el tránsito del siglo XIX al XX,” *Asclepio* 54 (2002): 241.

explanations exist. The hospital was located near to a factory where *albaya* (lead-based white pigment) was produced and many of its workers came to the *IHHSJ* as patients, due to either preference for the homœopathic treatment (all but one case making a full recovery, a fact that can not have escaped notice) or simple proximity of the institution to their homes and workplace.⁵⁸⁸ By itself this is compelling enough evidence, though Hauser provides a further indication that the issue of lead colic may have been a more widespread problem in nineteenth-century Madrid. He refers to the so-called *Cólico de Madrid* (Madrid colic), previously considered an endemic feature of the city and encompassing a multitude of gastro-intestinal symptoms. In Hauser's opinion, many of these complaints were caused by lead poisoning from the water pipes since these, particularly during the hot summer months, favoured the formation of lead carbonate that readily dissolved in the drinking water.⁵⁸⁹

Madrid's water supply was probably also the root cause of many of the city's other health problems common, not least the high number of typhoid infections, also considered endemic and represented in high numbers among the hospital's inpatients. Ironically, Hauser apportioned a large share of the blame to the new *Canal de Isabel II* that was intended to remedy Madrid's water problems. Since the canal was uncovered for much of its length

⁵⁸⁸ Pellicer, "Sección Clínica," *ECM* 21 (1880): 76.

⁵⁸⁹ Hauser, *Madrid*, vol. 1, 310.

between the river Lozoya and the city's main reservoir, it was exposed to what Hauser coyly described as "outside influences from the rural population," but also to the effects of agriculture and sedimentation. His analysis demonstrated that the new canal's waters, while undeniably pure at their source, were in fact the most polluted of all Madrid's water supplies by the time they arrived in the city:

they arrive in Madrid mixed with decomposing organic substances, and on certain occasions reaching the water pump containing putrefaction bacteria originating from human excrement.⁵⁹⁰

A final point needs to be made about heart disease, especially considering that the diseases of the "organs of circulation" consistently presented some of the lowest numbers of intakes coupled with the highest rates of mortality in both hospitals. While it is impossible to make a direct comparison between the *IHHSJ* and other Madrid institutions on this point due to a lack of appropriate sources, some general remark can be made about the state of nineteenth-century cardiac medicine. Diagnosis of many cardiac conditions had made great progress since Auenbrugger (1727–1809), Corvisart (1755–1821) and Laennec's (1781–1826) work on percussion and auscultation as diagnostic tools.⁵⁹¹ Yet treatment often lagged far behind. The possibility of actual surgical intervention in pericarditis had first been described by the

⁵⁹⁰ Hauser, *Madrid*, vol. 1, 305

⁵⁹¹ Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: CUP, 1994), 35–37.

French surgeon Jean Riolan (1580?–1657) in 1649,⁵⁹² though it would not be put into practice until the first decade of the nineteenth century, when the Spaniard Francisco Romero (1770?–?) successfully performed three pericardiostomies.⁵⁹³ Yet despite Romero's success, heart surgery did not progress further until the twentieth century. In fact, any operation on the heart was considered morally unacceptable due to the high risk it posed to the patient: in 1880, the otherwise by no means reticent surgeon Theodor Billroth (1829–1894) declared operations such as opening the pericardium “close to what some surgeons call the prostitution of surgical art, or surgical frivolity.” Even as late as 1896 Stephen Paget (1855–1926) despondently suggested that no new methods or discoveries would ever allow surgeons to overcome a wound to the heart.⁵⁹⁴ Considering this generally defeatist attitude to cardiac surgery, it is unsurprising to see diseases that involved the organs of circulation responsible for a large number of hospital deaths since such cases were often, to all intents and purposes, considered incurable.

In summary, this short overview of some of the disease that featured most prominently in the wards of both the *LHH* and the *IHHSJ* shows that for the most part the patients received in these two institutions reflected the surroundings in which the hospitals

⁵⁹² Erna Lesky, *Die Wiener Medizinische Schule im 19. Jahrhundert* (Graz: Böhlau, 1965), 197.

⁵⁹³ López Piñero, “Las Ciencias Médicas,” 208.

⁵⁹⁴ Wolfgang U. Eckart, *Illustrierte Geschichte der Medizin: Von der französischen Revolution bis zur Gegenwart* (Heidelberg; Berlin: Springer, 2011), 154.

were based. In London, a comparison with St. Thomas's Hospital has shown that disease classes and their distribution were quite similar to those of the large metropolitan voluntary hospitals. In Madrid, where such a direct comparison is unfortunately hampered by difficulties in identifying comparable data, an examination of those diseases judged by contemporaries as being the most prominent or even endemic among the city's population also shows that, overall, the numbers and distribution of pathologies seen in the wards were a fair reflection of what afflicted the Spanish capital's population. It can therefore be concluded that, at least judging by the two institutions' own statistical evidence, the homœopathic hospitals in London and Madrid were not very different from their allopathic counterparts when it came to diseases, both functioning as *general* hospitals where a large variety of acute cases were admitted.

With all the similarities seen between the homœopathic and allopathic hospitals in matters of diseases admitted, there were also some stark differences beyond the chosen method of treatment or those posed by the hospital's respective location and local influence. The most important of these requires closer examination as it concerns another accusation homœopaths were regularly confronted with, regarding their supposed *exclusive* preference for homœopathic remedies over and above all developments in modern scientific medicine, including that all-important feature of the hospital: surgery.

4.5 *Surgery and the Homœopathic Hospital*

In 1801, the Scottish surgeon John Bell wondered how many of those who died in consequence of the surgeon's attentions might have been saved had they not been taken to hospital, a place where gangrene and death was a likely outcome of any operation:

Let [the surgeon] bear in mind, that this is a hospital disease; that without the circle of the infected walls the men are safe; let him, therefore, hurry them out of this house of death... let him lay them in a school-room, a church, on a dunghill, or in a stable... let him carry them anywhere but to their graves.⁵⁹⁵

By the time the *LHH* was founded nearly half a century later, hospital infections were still a very real danger of surgical interventions, though developments ranging from germ theory, with the introduction of antiseptic and aseptic surgery, to effective anaesthesia increasingly reduced the risks and mortality rates in hospitals and enabled surgeons to attempt ever more intricate operations. As with other advances in 'standard' medicine, homœopathy's detractors used the example of surgery as a weapon against Hahnemann's followers, perceived by many to be necessarily opposed to surgical practice. Yet, as already mentioned in a previous chapter, some of the *BHS* members were themselves surgeons, members of the Royal College of Surgeons and therefore seemingly equal to any other British surgeon, unlikely to harbour any aversion to using the tools of their trade where required. The

⁵⁹⁵ Youngston, *Scientific Revolution*, 35.

supposed benefits of homœopathic remedies used not as a replacement but in conjunction with operative surgery were in fact already widely discussed among the homœopathic community: in the 1840s, the French *Annales de la Médecine Homœopathique* had published reports of successful surgery undertaken with the aid of homœopathy, summarizing the relation between the two thus:

Of course the dynamic treatment which Homœopathy brings to the cure of wounds, should be aided by the mechanical appliances of surgery when they are required. ... Parts displaced are to be restored. Divided vessels are to be tied or compressed; and foreign bodies removed by the necessary operations.⁵⁹⁶

Unlike many later articles on the subject, Simon Croserio (1786–1855) argued that surgery was an inevitable necessity but that homœopathy, through the use of arnica, aconite and belladonna, could assist the surgeon in obtaining a successful outcome and avoiding post-operative complications. Only a few years later, *The Homœopathic Times* published an article in which this argument was turned on its head: surgery was considered a last resort for those occasions where even the long-term use of homœopathy failed to produce a result. The writer outlined a perceptual difference between those diseases that homœopaths considered treatable by internal means alone and those that required a more robust approach:

⁵⁹⁶ S. F. C. Croserio, “Connection of Homœopathia with Surgery,” transl. by P. P. Wells, *The Homœopathic Examiner* 2 (1847): 20.

It is only when a local evil obstinately resists the prolonged employment of known remedies, and is accompanied with inconveniences, which require that we should stop it promptly, or when it is of a mechanical nature, and such that its removal alone can put a termination to certain dangerous results, that we think ourselves obliged to have recourse to mechanical means, bandages, machines, cutting instruments, trepan, &c.⁵⁹⁷

While less enthusiastic than the earlier French article, this demonstrates that the English homœopaths did not in fact object to surgical operations as a matter of principle, instead opting for treatment by internal means (through homœopathic remedies) where *possible* but resorting to surgery where *necessary*. Similar sentiments were expressed in many subsequent articles and books on the subject through the years, in both England and the United States, implying that the accusation of homœopaths being generally and fundamentally opposed to surgery was recurrent among allopaths and needed to be countered at regular intervals.⁵⁹⁸ This approach of attempting to reduce the amount of surgical interventions where possible seems to have reflected a general pragmatism, particularly among those homœopaths associated to the LHH, though some like James Compton Burnett

⁵⁹⁷ "Homœopathy Considered in its Relation to Surgery," *Homœopathic Times* 1 (1849): 210.

⁵⁹⁸ Many cases of surgical interventions, including amputations, can be found in homœopathic journals through the years, while books such as William Tod Helmuth's *Surgery and its Adaptation into Homœopathic Practice* (Philadelphia: Moss & Bro., 1855) and *A System of Surgery* (New York: Boericke & Tafel, 1879) or Ruddock's *Homœopathic Vademecum of Modern Medicine and Surgery* (London: Homœopathic Publishing Co., n.d.) further illustrate these authors' acceptance of modern pathology and surgery as entirely compatible with the homœopathic treatment.

(1840–1901) did express their hope that *all* conditions could eventually be cured by homœopathy alone, if only the patients could be persuaded to be less *impatient* and give the remedies time to act.⁵⁹⁹

4.5.1 *Surgery and the LHH*

The *LHH* certainly always had surgeons amongst its medical officers, chief among them the institution's first consultant honorary surgeon, Stephen Yeldham. Surgeons in general seem to have been less predisposed to dismiss homœopathy out of hand. Their College was unwilling to follow its contemporaries, the Royal College of Physicians and the Society of Apothecaries, in ostracizing 'wayward' members:

Surgeons, as a rule, are more liberal, not so wedded to authority, and more open to conviction than their medical brethren. The air of the College of Physicians, together with the fetish worship of etiquette therein, seems to have a wonderfully benumbing and petrifying influence on the medical intellect.⁶⁰⁰

By the time the new *LHH* opened in Great Ormond Street, surgery had certainly become a permanent fixture, the new institution containing dedicated "accident wards," much to its opponent's dismay.⁶⁰¹ The hospital was of course primarily aimed at medical

⁵⁹⁹ J. H. Clarke, *Life and Works of James Compton Burnett* (London: Homœopathic Publishing Co., 1904), 87.

⁶⁰⁰ W. D. Butcher, "Homœopathic Therapeutics in Surgery," *Annals BHS* 9 (1882): 658.

⁶⁰¹ Hingeston, "Homœopathic Triumph," 379.

rather than surgical treatment and so surgery was never as important as in any of the large metropolitan hospitals. Nevertheless, patient records show that surgical operations were performed as a matter of course. The efforts to show that the hospital was a general institution akin to its allopathic contemporaries also spurred a renewed interest in surgery in the 1880s and 1890s, when it became seen even by homœopaths as an essential department for any modern hospital.⁶⁰² The hospital also began publishing surgical cases as a separate listing in its annual reports, analogous to how other metropolitan hospitals presented their statistics. The numbers were small but not inconsiderable for an institution primarily dedicated to medical treatment, from 61 operations performed between April 1885 and March 1886 to 127 operations between April 1889 and March 1890.⁶⁰³ These were always performed striving for “asepticity rather than antisepticity,” meaning that carbolic lotion was used on instruments, gauzes and towels (though not sprayed during surgery, the wound instead being “flushed occasionally” with hot carbolic lotion) and iodoform dusted on after suturing to keep conditions as sterile as possible throughout the procedure.⁶⁰⁴ For anaesthesia, the hospital’s first anaesthetist Dr. John Roberson Day (a dedicated position does not seem to have existed on the

⁶⁰² C. Knox Shaw, “A Report on Operative Surgery at the London Homœopathic Hospital, 1887–1890,” *LHH Reports* 1 (1889): 71.

⁶⁰³ “Report of Cases treated in the Hospital during the Year ending March 31st, 1886,” *Annals BHS* 11 (1889): 112–116 and “Report of In-Patients,” *Annals BHS* 12 (1890): 214–222.

⁶⁰⁴ Knox Shaw, “Operative Surgery,” 72.

medical staff prior to the 1880s), preferred the use of nitrous oxide followed by ether, considering the combination safer than the widely used chloroform.⁶⁰⁵

The reports show that, while major interventions like abdominal sections, amputations, the excision of tumours and necrotic bones were not uncommon, most surgery performed was ophthalmic.⁶⁰⁶

It should also be noted that the London homœopaths, far from treating surgery as a secondary element of clinical practice, kept abreast of developments in the wider surgical world, ranging from the adoption of aseptic surgery to the use of new technology.⁶⁰⁷ An 1884 article examined the potential benefits of electricity as a surgical tool, including galvano-cautery for small amputations and the removal of haemorrhoids.⁶⁰⁸ In fact, keeping up-to-date with surgical standards was amongst the chief reasons given for the hospital's urgent expansion in the 1890s, showing an evident concern to be able to offer surgical patients the same treatments and facilities they would receive in non-homœopathic hospitals:

The provision for surgical cases without which no hospital can hold its ground, as against the scientific arrangements of other hospitals, is too far behind the age to allow of the fair treatment

⁶⁰⁵ J. Roberson Day, "Ether as Anaesthetic," *LHH Reports* 1 (1891): 90–101;

⁶⁰⁶ "Annual Report of Cases Treated in the London Homœopathic Hospital," *Annals BHS* 11 (1889): 508–514.

⁶⁰⁷ "Clinical Evening," *Annals BHS* 12 (1890): 260.

⁶⁰⁸ Donald Baynes, "Electro Surgery," *MHR* 28 (1884): 100.

of such cases as require the most serious operations and the more special surgical and sanitary nursing.⁶⁰⁹

Surgery was also clearly used as an additional incentive for those wishing to enquire into homœopathic practice by witnessing the work done at the hospital: with “new, modern and most favourable” provisions for surgery in place, it was announced that one abdominal section would henceforth be performed every first Thursday of the month at 9.30am, to satisfy the interest of the many provincial BHS members who had requested such demonstrations.⁶¹⁰

The number of operations seem to have been sufficient for the administrators to feel justified in including two special wards dedicated to abdominal surgery after rebuilding the hospital in 1895, allowing such cases to be operated upon and convalesce in the same room, minimizing disturbances and ensuring the best possible chances of a swift recovery.⁶¹¹

The new hospital also had other advances in store: in an article examining surgery at the newly rebuilt hospital, the *Monthly Homœopathic Review*’s editors were clearly impressed:

Of the many improvements and novelties to be found in our new hospital, perhaps none are so striking and interesting as those in the surgical wards and operating rooms. ... The

⁶⁰⁹ “Report of the Fortieth Annual General Meeting of the London Homœopathic Hospital,” *MHR* 34 (1890): 364.

⁶¹⁰ G. H. Burford, “Recent Abdominal Surgery at the London Homœopathic Hospital,” *MHR* 34 (1890): 680.

⁶¹¹ “Surgery in the new Hospital,” *MHR* 39 (1895): 444.

General surgical wards, like all the others in the hospital, have been constructed with the utmost regard to ventilation, heating, sanitation and convenience of working.⁶¹²

The operating theatre also captured their interest, the architect William Alfred Pite (1860–1949) having considered every detail to ensure the most aseptic conditions possible could be maintained at all times.⁶¹³ It also boasted another innovation to aid in operations: a “White Berkefeld Aseptic Irrigator” for supplying sterilized water of regulated temperature, already in use at St. Thomas’s and the London Hospital “as the latest and best device in aseptics.”⁶¹⁴ The carbolic lotions to sterilize instruments and cloths meanwhile were replaced by modern “Schimmelbusch” steam sterilisers, the homœopaths’ entire operating theatre thereby equipped with all of the latest modern surgical technology.⁶¹⁵

Burnett provided a good summary to the relations between homœopathy and surgery at the LHH by the end of the 19th century, listing the diseases in which he believed internal remedies could successfully be applied and those where he would

⁶¹² Ibid.

⁶¹³ William Alfred Pite, while providing his services as “honorary architect” and Board of Management member to the hospital free of charge like his father before him, profited much from these hospital designs early in his career as the experience contributed to his being awarded the contract to rebuild King’s College Hospital, one of the largest of London’s teaching hospitals with 600 beds, at its new South London site in May 1905: Jeremy Taylor, *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England 1850–1914* (London: Leicester University Press, 1997), 95–96.

⁶¹⁴ “Surgery in the new Hospital,” 447.

⁶¹⁵ Ibid.

“unhesitatingly urge operative measures as soon as possible,”⁶¹⁶ though he warned that the advances in surgery had reduced the risks so far that homœopaths might be “carried along with the flood of fashion ... and not give drugs a fair chance.”⁶¹⁷ At the same time, he cautioned that surgery must not be excluded from the outset or operations delayed unnecessarily where the definite risks of a lack of decisive and swift action could outweigh any possible benefits derived by long-term medicinal treatment alone. In this, he seemed to reflect the general situation at the hospital itself, where operations were routinely performed on some cases, considered incurable by other means, while others, where physicians apparently could hope for good results without surgery based on previous experiences and where the risk of delay was minimal, operations were eschewed in favour of the slower but non-invasive methods.

4.5.2 *Surgery and the IHHSJ*

In Madrid, meanwhile, the situation was quite different. While the LHH’s Board of Management always considered the inclusion of an up-to-date operating theatre as essential for any hospital, no such concerns are visible in the IHHSJ’s history. In fact, throughout the nineteenth century, not one mention of dedicated surgical facilities can be found, neither in the description of the newly opened hospital nor in later years, when other specialized

⁶¹⁶ Clarke, *Burnett*, 279.

⁶¹⁷ *Ibid.* 282.

consulting rooms, such as the electrical and women's department, were opened. All medical members of the *SHM* were, due to the requirements of Spanish medical education after 1857, necessarily trained in surgery. Some—Joaquín Hysern, while only at times a member of the society, being a leading example—were even renowned for their surgical skills before turning their interests to homœopathy.⁶¹⁸ Nonetheless, there is little indication that anything other than 'minor' surgery took place within the hospital's wards or in the dispensary. Certainly, no amputations, abdominal surgery or other major interventions were reported in any of the homœopathic journals, suggesting that either such surgery was considered a homœopathic 'failure' not to be publicized or—more likely considering both local and international debates on the subject—that such operations simply did not take place at this hospital, cases requiring surgical assistance possibly not being admitted in the first place. The only exception can be found in 1897, though tellingly the brief mention of a "parotomía" and a femoral artery ligature being performed in the hospital were not printed in the medical press—no homœopathic publications existed in Madrid by this point—but in a popular newspaper, as an *in passim* comment during an

⁶¹⁸ Hysern considerably advanced Spanish plastic surgery with his work on blepharoplasty (reconstruction of the eyelid), though at the time it triggered a dispute over precedence with another eminent surgeon: Joaquín Hysern y Molleras, *Tratado de la Blefaroplastia Témporo-Facial* (Madrid: Marcelino Calero, 1834).

interview with the hospital's director.⁶¹⁹ Nuñez himself was no surgeon and, due to the unorthodox attainment of his medical degree and despite his undisputed skill as a homœopath, had in all likelihood never received any training in surgery. His lack of attention to this particular branch of medicine in his hospital might therefore have been linked to his own lack of interest and experience in the matter. In any case, even after his death, surgery was not held in high regard at the institution: resorting to it was “to admit defeat” and to reinforce medicine’s “decadence and lack of efficacy as a means of treatment.”⁶²⁰ While grudgingly admitting that in some cases surgery was an inevitable last recourse, some strongly condemned the extent to which it was used at the time:

Practising operations as profusely as is done nowadays, exhibiting them by all possible means, as if they were luxury articles, impressing their absolute necessity, according to sanctioned science, upon patients ... is most worthy of censorship.⁶²¹

His opinion is all the more noteworthy as he was the *Profesor* in charge of the institute’s “Surgical Pathology” course. His own published alleged successes in treating tumours and other pathologies homœopathically—always despite allopathic insistence that only surgery could help—may well have bolstered

⁶¹⁹ Vicente de la Cruz, “El Hospital de San José,” *El Globo* (Madrid), 25 July 1897.

⁶²⁰ Anastasio Álvarez González, “Consideraciones sobre Medicina Operatoria,” *ECM* 20 (1879): 64.

⁶²¹ *Ibid.*, 67.

his belief that many ‘surgical’ diseases could be cured without resorting to the knife, a lesson he clearly sought to instil in others. It is all the more interesting therefore that in later years the *San José* homœopaths were at pains to dispel the idea of homœopathy and surgery being mutually exclusive. Unlike in London, this had been popularized not just by allopathic opponents but also by homœopathic enthusiasts who “believe that a few globules will rebuild gangrenous legs.”⁶²² Some repeated the same arguments used by the London homœopaths, accepting that surgery was an essential weapon in the fight against those diseases where homœopathy could not succeed and that the two could complement each other to ensure a short and safe post-operative convalescence.⁶²³ Despite such assurances, the overall mood among Spanish homœopaths—at least among those with ready access to the pages of a periodical—appears to have remained one of resolute determination to see the day when the surgeon would no longer be required, “not even for cancer.”⁶²⁴

A final mention can be made of accident cases seen in the *IHHSJ*’s early years, though the category disappeared entirely in later statistical returns, as seen earlier in this chapter. This might ultimately be proof that even those accident cases that occasionally required the assistance of surgery might, in time, no

⁶²² H. Rodríguez Pinilla, “Revista de la Prensa,” *Boletín Clínico* 2 (1882): 67.

⁶²³ E. Esparza Domínguez, “La Homeopatía y la Cirugía,” *ECM* 26 (1885): 238.

⁶²⁴ Alfredo Lapuente, “Fractura del Cúbito y Radio – Curación,” *ECM* 27 (1886): 96.

longer have been admitted to the wards. At the same time, it is possible that such cases were increasingly handled by practitioners working in the dispensary rather than admitting them to the wards. Furthermore, the patient population may well have been aware of the lack of a dedicated surgical ward (and operating theatre) and might therefore have chosen to visit a different hospital in case of accidents. Unfortunately, the lack of statistical detail for dispensary cases and the lack of later information for inpatients makes it impossible to determine for sure whether surgery took hold in the hospital at a similar level as it did in the *LHH*, though considering the apparent attitude towards it and the lack of dedicated facilities, it seems unlikely that operations such as those mentioned in *El Globo* in 1897 would have been more than rare exceptions.⁶²⁵

In summary, despite the many similarities in diseases that were admitted to the wards in both the *LHH* and the *IHHSJ*, a clear difference emerges between the two institutions with regards to their attitude towards and use of surgical operations. London homœopaths, despite some individuals' misgivings, adopted a generally pragmatic approach by which homœopathy was afforded precedence in all but the most urgent cases, though surgery was recognized as a legitimate and essential part of hospital medicine.

⁶²⁵ Surgical facilities were not in fact added to the *Hospital de San José* until 1929: Francisco Casares, "Instituciones Madrileñas: Hospital Homeopático de San José," *La Época* (Madrid), 25 February 1929.

There was a widespread belief that many pathologies, hitherto the exclusive domain of surgery, could be cured by homœopathic remedies, though where the injuries were of a mechanical nature or if any delay in removing a diseased part would endanger the patient, an operation was unhesitatingly resorted to, homœopathic remedies being relegated to a supporting post-operative role. The *LHH*'s statistical returns certainly illustrate that this approach was perceived as being successful, with few deaths from post-operative complications.

This pragmatism may have in part been caused by the demographic makeup of the hospital's medical staff: with surgeons being an integral part of the hospital from its foundation, the 'interests' of surgical medicine were always well represented and communicated to the Board of Management. The importance the latter placed on surgery as a vital part of any hospital—and therefore of theirs, which strived to emulate its contemporaries—is clearly illustrated by the efforts made to follow the latest scientific advances in operative medicine throughout the last decades of the nineteenth century.

In Madrid meanwhile, it can be suggested that the comparative lack of interest in any medical treatment beyond that afforded by internal homœopathic remedies may have been caused by the relative lack of medical officers specialized in surgery. With neither Nuñez nor any of the subsequent directors of the institution showing any special interest in surgical practice, it is

therefore unsurprising that the hospital might have followed a policy giving absolute preference to internal remedies.

While no definite conclusions can be drawn due to a lack of relevant local sources, it seems that despite all published statements about homœopathy's avowed compatibility with modern surgery, echoing the more pragmatic reasoning of their English counterparts, the *IHHSJ*'s medical officers paid little more than lip service, the two operations mentioned in the popular press as having been performed in the hospital seeming more accepted necessities than deliberate choices.



Chapter 5:

Educational and Ancillary Activities of the London and Madrid Homœopathic Hospitals

Homœopathic hospitals, regardless of their location, did not merely serve a beneficent purpose. Indubitably, they were primarily and ostensibly founded for the relief of those suffering poor who wished to avail themselves of homœopathic treatment. Through this charitable work, however, it was possible for homœopaths to display their perceived successes as public proof and symbols of their school's legitimacy. The previous chapters have shown how both Madrid and London homœopaths adopted this strategy in order to, both metaphorically and literally, raise the protective walls of wards and dispensaries around their practice, creating a relatively unassailable bastion from which to demonstrate homœopathy's value. Nevertheless, both institutions also served other, perhaps less immediately apparent, purposes. The most important of these were the provision of a focal point for homœopathic education and information, as well as a central

nexus for supporters to gather around and in which to organize their ancillary activities, both local and as part of a wider global—or *globulist*,⁶²⁶ to borrow a phrase from homœopathy's opponents—homœopathic networks.

5.1 Ancillary Activities at the LHH

Unsurprisingly, the *LHH* had the most varied activities beyond the care of patients. Its longevity and history, as well as its size and number of distinguished persons associated with it, explain why, in the course of the nineteenth century, undertakings ranging from the education of doctors and nurses to publishing and many smaller-scale activities within the wider homœopathic community bore at least a partial association with this ubiquitous *Grande Dame* of British homœopathy.

The *LHH* was, as previously mentioned, always expected to fulfil an ambassadorial role for British homœopathy. From the beginning, it was also to provide a place for homœopathic instruction for any interested qualified medical practitioner. In order to understand the particular interest of such an endeavour, it is necessary to first cast a brief glance at the role hospitals began playing in the wider sphere of medical education by the beginning of the nineteenth century.

⁶²⁶ "The Lancet," *Lancet* 58, no. 143 (1851): 254.

5.1.1 **English Medical Education and the Hospital: A Brief Survey**

The English voluntary hospital's impact on those wishing to join the ranks of medical practitioners dates back to at least 1770, when Oxford's Radcliffe Infirmary agreed to permit students of Physic and Surgery to attend its wards, giving a much-needed boost to the university's medical degrees. The latter had hitherto been increasingly criticized as lacking in practical knowledge.⁶²⁷ English medical university education had for centuries been primarily a "testament of higher learning," with graduates concentrating for much of their studies—which could last up to fourteen years—on the "rich treasures of ancient Greek and Latin writings."⁶²⁸ Cambridge fared no better, it being said that a graduate could "take a Doctorate in Medicine without attending any lectures on medicine, or any hospital practice, and without examination in medicine."⁶²⁹ The Oxford arrangement was far from unique, other hospitals increasingly allowing their staff to take in pupils for practical instruction. The benefits for both parties were clear: students witnessed and assisted established practitioners at the bedside, acquiring practical knowledge about a plethora of diseases and treatments, while the voluntary hospital staff enjoyed the perk of pocketing student's fees.⁶³⁰ This new English (and Scottish) clinical teaching model was not universally popular, still

⁶²⁷ Woodward, *To do the Sick no Harm*, 25.

⁶²⁸ Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750–1945* (Oxford: OUP, 1995), 33.

⁶²⁹ *Ibid.*, 40.

⁶³⁰ Woodward, *To do the Sick no Harm*, 3.

finding much to envy in the German, Dutch, French and Austrian medical schools. Observers noted that it lacked “close supervision” and “bedside interchanges between teacher and student,” as well as denying students any responsibility for individual patients, as was common in Germany and Austria, though at least students were not subjected to the French teachers’ habit of “expostulatory ... long harangues.”⁶³¹ Despite such perceived shortcomings, only apparent to those happy few who had previously experienced the continent, ‘walking the wards’ soon became the norm rather than the exception for those wishing to enter medical practice in Britain. By 1815, ‘General Practitioners’—essentially the bulk of London’s medical rank and file—were *required* to undertake six months’ hospital bedside work in order to qualify for the newly obligatory *Society of Apothecaries’* licence.⁶³² Ten years later, the hospital’s central role in medical education no longer brooked any exceptions: the medical faculty at London’s newly founded University College unequivocally stated that “no medical school can be complete without an Hospital,” duly recommending the construction of such an establishment with a capacity of 100 beds and capable of holding “100 to 150 pupils” in its operating theatre alone.⁶³³

⁶³¹ Bonner, *Becoming a Physician*, 114.

⁶³² Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: Fontana Press, 1999), 316.

⁶³³ W. R. Merrington, *University College and its Medical School: A History* (London: Heinemann, 1976), 16.

Appointments to these voluntary hospitals not only provided a potential supplementary income to any practitioner willing to take in pupils, but also increasingly resembled the Royal Colleges' Fellowships as a mark of professional prestige, resulting in growing numbers of physicians and surgeons vying for vacant positions. This, coupled with the increasingly blurred professional boundaries that once clearly defined physicians, surgeons and apothecaries, resulted in a new line of differentiation emerging as characterizing the elite: "doctors who were appointed at the large voluntary hospitals ... and those who were not."⁶³⁴ These developments were not universally welcomed: with the purse strings and therefore the sole right of deciding appointments to the larger hospitals firmly in (lay) subscribers' and governors' hands, many young medical men, particularly those without the necessary social connections, found themselves excluded, watching their more socially adept colleagues embark on a future secured by prestigious appointments. Many founded small, specialized institutions to remedy the situation: by the 1860s, no less than sixty-six of these existed in London alone,⁶³⁵ viewed with suspicion by some as "an attempt on the part of [young doctors] to advertise [their] talents," possibly tempted to "diagnose [their] favourite condition in every patient,"⁶³⁶ while others were more open about their hostility to such brazen competition for the

⁶³⁴ Waddington, *London Hospitals*, 27.

⁶³⁵ Granshaw, "Development of Hospitals," 51.

⁶³⁶ Rivett, *London Hospital System*, 43.

scarce “clinical material” available to *their* wards impairing *their* students’ education.⁶³⁷

It is therefore no exaggeration to say that, by the time Quin sought to establish himself and homœopathy in London, the hospital had become the undeniable centre of the Metropolis’ medical universe. More importantly, this hospital-centred system allowed the established medical profession to close ranks against those they perceived as outsiders, chief among whom were the newly emerging homœopaths. As seen in **chapter 1**, Quin’s *BHS* co-opted many of the existing structures, ensuring that members were suitably qualified by the standards of the licensing authorities. With all British medical degrees being, to an extent, of equal value, little legal recourse was available against those who veered off the ‘orthodox’ path after graduation. Membership or licence of one of the medical corporations additionally ensured that the practitioner could not be accused of incompetence without simultaneously casting a shadow over their licensing body’s examinations. The ‘old school’ saw no way of curtailing those who they believed, in “treason to their profession” and with “dishonesty,” had attained their degree only to then turn to homœopathy.⁶³⁸ The situation could not be remedied by political means, such as the 1858 Medical Act, since homœopathy had powerful supporters in Parliament on whom they could rely to

⁶³⁷ George Weisz, “The Emergence of Specialization in the Nineteenth Century,” *Bulletin of the History of Medicine* 77 (2003): 569.

⁶³⁸ “The Lancet,” *Lancet* 48, no. 1211 (1846): 538.

fend off any attempts to legislate them out of existence, but those politicians neutral in the debate could not be relied upon to be sympathetic to the Colleges' demands for a medical monopoly.⁶³⁹ 'Science' itself was therefore embraced as an instrument to isolate irregular practitioners: Through the reclaiming of such previously-reviled words as "empirical" and "rational"—the latter a likely reaction to Hahnemann claiming homœopathy as the "*Rationelle Heilkunde*" (*rational art of healing*) in his 1810 *Organon*, thereby implicitly denouncing allopathy's contrasting irrationality—as well as the exclusion of non-conformist ideas and their proponents from the wards of medical schools, where 'orthodox' practitioners had the upper hand, such 'heterodox' interlopers could effectively be banished from the scientific arena.⁶⁴⁰ Sought-after appointments at hospitals could be jealously guarded and those in charge of the large voluntary hospitals' medical schools could close ranks with impunity, excluding any would-be homœopath from furthering their career. By having their access to the wards barred, throughout the first half of the nineteenth century homœopaths effectively saw the new 'standard' career path curtailed, being denied a place within this

⁶³⁹ Leary, "Influence of Patients," 333.

⁶⁴⁰ Weatherall, "Making Medicine Scientific," 180 and Hahnemann, *Organon*. Paradoxically, as Michael Dean shows, despite the establishment ostensibly embracing empirical evidence, they were not above rejecting it wherever its result did not suit their purposes: Dean, "Homeopathy and 'The Progress of Science,'" *History of Science* 39 (2001): 274. See also Dean, *The Trials of Homeopathy: Origins, Structure, and Development* (Essen: KVC Verlag, 2004).

new professional identity and community represented by the hospitals.

5.1.2 Medical Education at the LHH

Seeing homœopathy barred from the wards of ordinary voluntary hospitals, Quin and his colleagues clearly recognized that the only possible solution lay in emulating even this aspect of the orthodox establishment. One of the *BHS*'s main goals had always been the "establishment of a Dispensary, with a view to its future elevation to an Hospital."⁶⁴¹ The appeal of such an institution as a locale for providing the all-important appointments to members, elected medical officers in turn, was clear.⁶⁴² Moreover, a plan was hatched from 1844 to use such an institution as a means for providing the necessary homœopathic *post-graduate* education to those not yet able to conform to the *BHS*'s edict of exclusively homœopathic practice, but with sufficient interest in the cause as to exclude them from 'orthodox' appointments. The society had a special 'inceptive' membership category reserved for such candidates who did not yet fulfil its criteria for 'full' membership.⁶⁴³ This education was to be provided both in the dispensary and through a homœopathic library, freely available to all inceptive members. The first set of the institution's published laws proudly boasted of its educational mission on the cover, bearing the title *Laws of the*

⁶⁴¹ Quin, "First Annual Meeting," 11–12.

⁶⁴² Quin, "Last Assembly," 16.

⁶⁴³ "Laws and Regulations of the British Homœopathic Society," *BJH* 4 (1846): 114.

London Homœopathic Hospital and Medical School even though the booklet only included one reference to such a school.⁶⁴⁴ In 1850, with the hospital newly opened, Quin himself presented a series of clinical lectures, to which “all homœopathic practitioners and students, and all medical men desirous of enquiring into ... homœopathic practice” were invited.⁶⁴⁵ Over the following three years, Quin and Yeldham held regular lectures on *Materia Medica*, clinical medicine and surgery.⁶⁴⁶ Despite such promising beginnings, the project appears not to have enjoyed the hoped-for success, not least due to the small size of the Golden Square hospital, which “with its miserable poverty of accommodation, could afford no sufficient opportunity to see acute diseases treated homœopathically.”⁶⁴⁷ Lectures continued to be held, however, particularly after the hospital’s larger premises opened in 1859. From 1861, these were faithfully reported and often integrally reprinted for wider dissemination in the society’s *Annals*, as well as being occasionally referred to in the hospital’s governors’ and subscribers’ Annual General Meetings: In 1863, for instance, a vote of thanks was given to

those members of the Medical Staff who have, by lecturing or otherwise assisted in carrying out one of the great objects of

⁶⁴⁴ London Homœopathic Hospital, *Laws* (1851).

⁶⁴⁵ Hamilton, *Memoir*, 92.

⁶⁴⁶ A variety of adverts for such lectures appeared in the *Times* and other popular newspapers, since the pages of most British medical journals were closed to such insertions. E.g.: “Course of Lectures on *Materia Medica* and on Clinical Surgery,” *The Times* (London), 25 January 1853.

⁶⁴⁷ A Physician Practicing Homœopathy, *Medical Reform*, 5.

this institution, viz: affording instruction to those students and medical men who desire to engage in the study and practice of Homœopathy.⁶⁴⁸

It seems these lectures met with only limited success, judging from the lower than expected turnouts at most events. Lecture subjects ranged from surgery, medical reform and women's diseases to rheumatism and other specialist topics, delivered by the hospital's medical officers to interested medical professionals and students from other London medical schools. No doubt due to the hospital's (and its medical officers') otherwise buoyant professional activity, combined with the limited uptake of these lecture series, the project of a larger dedicated school remained dormant for many years. The situation was not improved by some homœopaths' worry, whenever the subject of founding an official school—with the implicit power to grant a title or qualification to its graduates, something few believed had any real value or would even be achievable—was broached, that such a unilateral move would only serve to nettle the *Royal College of Physicians* and other opponents of homœopathy further, without any real chance of success and benefit to the cause.

Nor do men light a candle and put it under a bushel, but on a candlestick.⁶⁴⁹

⁶⁴⁸ "General Meeting of Governors and Subscribers," 29 April 1863, Minutes LHH GM.

⁶⁴⁹ Mathew 5:15, quoted in Bayes, "The London School of Homœopathy," *BJH* 35 (1877): 183.

This was the epigram heading William Bayes's (1823–1882) letter to the *BJH*'s editors in 1877, wherein he expressed his dismay at the discrepancy between the near five-thousand reported homœopathic practitioners working in the United States of America and the less than three-hundred remaining in Great Britain.⁶⁵⁰ The candlestick to which he referred in this case were the many schools and colleges the American homœopaths had founded across their country, while not one such institution could be found even in the middle of the English Metropolis. Bayes was perturbed at the continued resistance from some within the homœopathic community to take a step they felt might antagonize the 'old school,' urging them to embrace the foundation of a new homœopathic medical school attached to the hospital. Bayes had reason to feel that the moment was auspicious: two years prior, the *BHS* had renewed its educational efforts, seemingly spurred on by developments across the divide in allopathic medical practice. The old heroic remedies, "bleeding, blistering, mercurialisation, and purgation," were increasingly disappearing as the older generation of allopathic doctors retired.⁶⁵¹ Instead, doctors were increasingly partial to specific remedies that could be used against individual diseases. In the process, some "distinguished" researching medical men tested the physiological effects of drugs for themselves, though for the most

⁶⁵⁰ Ibid.

⁶⁵¹ Robert E. Dudgeon, "Lecture on the History of Homœopathy," *BJH* 33 (1875): 246.

part, in the homœopaths' eyes, there seemed to be a different trend at play, namely co-opting the research done by others:

Most have taken their remedies from the homœopathic materia medica and have employed them for the very diseases for which our school has long used them. This they have done, not only without acknowledgement of the source of their knowledge, but often even while indulging in sneers at and misrepresentations of homœopathy. ... The medical societies, while honouring and applauding those who borrow wholesale from our materia medica without acknowledgement, still exclude all those who honestly confess their indebtedness to homœopathy, and retain and pass laws visiting with social and professional ostracism those medical men who make an open profession of their belief in the excellence of Hahnemann's therapeutic rule.⁶⁵²

This situation was not unique to Britain, as the Spanish homœopaths too complained that every day their opponents extolled the curative properties of “aconite, arnica, belladonna” and other remedies “discovered by Hahnemann and his disciples,” though claiming them as their own innovations.⁶⁵³ There was every reason for homœopaths to worry about such a situation: on the one hand, with allopaths increasingly rejecting their ‘old school’ heroic medicine in favour of some of the specific remedies so long advocated by homœopaths—though presumably in different doses—the fight against what Hahnemann and others had long denounced as the abuses of allopathic practice seemed to come to an end. Yet on the other hand, it is clear that homœopathy was at risk of losing at least part of its *raison-d'être* and legitimacy

⁶⁵² Ibid.

⁶⁵³ Hysern, “La doctrina medica homeopática,” *ECM* 1 (1860): 129–130.

if these developments were left unacknowledged: with allopathy using similar remedies to homœopathy, the latter's main perceived therapeutic advantage was lost and with allopaths claiming the credit for discovering effective specifics that were actually—according to the homœopaths—‘purloined’ from their *materia medica*, homœopaths might be seen not as legitimate discoverers of an effective curative principle but simply as brazen imitators. The introduction of homœopathic lectures at the London hospital was therefore to be as much for the benefit of those interested in the practice as to expose the allopaths’ perceived hypocrisy. Certainly the first lecture made it clear that “self-styled orthodox practitioners,” some of whom had been “foremost in denouncing homœopathy,” were now “naively putting forward the same explanation of the therapeutic nature of drugs” as had been postulated by homœopaths since Hahnemann.⁶⁵⁴ It also appealed to its audience’s national pride: for many years Britain had played an important role in homœopathic developments and with lectures on homœopathy now being delivered in various European countries, “it would be unbecoming in [Great Britain] to lag behind.”⁶⁵⁵ With the first series of lectures judged a success, Bayes inaugurated a second series in October 1875, expressing the society’s hopes that these would now be looked upon more widely “as our school of homœopathic

⁶⁵⁴ Dudgeon, “History of Homœopathy,” 246.

⁶⁵⁵ *Ibid.* 253.

therapeutics.”⁶⁵⁶ While lectures were held in the hospital’s Board room rather than the wards, with no clinical element officially attached to the course, such practical instruction was nevertheless—presumably informally—“afforded to such inquiring medical men and students as have, from time to time, frequented the hospital.”⁶⁵⁷ Bayes proudly reported his having received thirty-one applications for lecture tickets, fifteen of which came from students at other hospitals “who desired to add a knowledge of homœopathy to their former studies,” a further eleven coming from established physicians and surgeons.⁶⁵⁸ The profession’s interest was real and it needed to be served. This small success galvanized the hospital’s management into action: hoping finally to do justice to the institution’s full title, they wished to consolidate the lectures into “the nucleus of a School for Homœopathy,” though in order to achieve this a substantial expansion of the hospital to accommodate at least one hundred and twenty beds would be required. Only with such numbers could they hope to be recognized as providers of training in hospital practice by the examining bodies.⁶⁵⁹ Bayes was adamant that no general school of medicine, like those founded in the United States, was intended as success could only be obtained by supplementing rather than supplanting London’s existing medical

⁶⁵⁶ Bayes, “Introductory Lecture Delivered at the London Homœopathic Hospital on Thursday October 7th, 1875,” *BJH* 34 (1876): 77.

⁶⁵⁷ Bayes, “Report of the Lectures Committee,” *BJH* 34 (1876): 676.

⁶⁵⁸ Bayes, “On the Necessity for a School of Homœopathy,” *BJH* 34 (1876): 397.

⁶⁵⁹ “London Homœopathic Hospital,” *BJH* 34 (1876): 527.

schools. Not only would this avoid perpetuating the rift between homœopaths and allopaths but also, realistically, they were “without the materials for the staff of a medical school which should enter in fair competition with those already existing.”⁶⁶⁰ Yet the most vigorous opposition to this school did not come from allopaths but from within homœopathy’s own ranks. In 1877, the school already had a full voluntary staff as well as an illustrious list of its own subscribers and governors, led once again by the stalwart Lord Ebury.⁶⁶¹ The only thing missing was general support from the wider homœopathic community, where many agitated against the idea, some even considering the school’s name an insurmountable problem as they deemed the word “homœopathic” too sectarian.⁶⁶² In spite of this, funding was secured for a five-year probationary period, though its success was only considered “lukewarm” and in 1881 the hospital’s Board of Management considered scaling back its activities to only one course of medical practice and materia medica.⁶⁶³ David Dyce Brown (1840–1910) elucidated upon the possible reason for this disappointing response at a dinner given to Dr. Bayes, reassuring him that the low number of attendants—the course being new, relatively unknown and wholly unpublicized to students at other

⁶⁶⁰ Bayes, “Necessity for a School of Homœopathy,” 397.

⁶⁶¹ Bayes, “The London School of Homœopathy,” *BJH* 35 (1877): 189.

⁶⁶² Bayes, “The London School of Homœopathy,” *BJH* 37 (1879): 94.

⁶⁶³ Yeldham, “Presidential Address delivered at the Close of the Session 1880–81,” *Annals BHS* 9 (1882): 603.

hospitals, many of whose workload would make it impossible to attend in any case—could not in itself be seen as a failure:

It would be only those whose interest was very much excited in the subject of homœopathy who would take the extra work of attending courses of lectures and clinical instruction at another hospital. ... With their own hospital courses to attend to, and the preparation for their examinations, there could be no wonder that comparatively few men attended the lectures while they were students. Then, when they got their diplomas, they go away as soon as they can into practice, and so cannot attend our lectures.⁶⁶⁴

The obstacles any interested student might have faced were manifold. Since homœopathy was not included in the obligatory curriculum, only those interested and of an inordinately hard-working nature could be expected to attend the extra lectures and practical courses. Furthermore, they might—quite reasonably, given the continued animosity from the allopathic profession—fear repercussions upon their examination results if their homœopathic interests became known.⁶⁶⁵ To remove such obstacles, Bayes embarked on securing *in-principle* agreements from eleven homœopathic medical colleges in the United States, to recognize courses imparted at the hospital towards their own, fully recognized, medical degrees. The interest of such a scheme stemmed from American degrees being two years shorter than British ones: A student could train at the *LHH* and subsequently complete their medical studies in the United States, thereby

⁶⁶⁴ “Dinner to Dr. Bayes,” *MHR* 25 (1881): 372.

⁶⁶⁵ “The London School of Homœopathy,” *MHR* 25 (1881): 586.

graduating in less time than if they undertook homœopathic training after the five years of a British medical degree.⁶⁶⁶ While the scheme did not progress further, Bayes and others attempted to introduce a postgraduate qualification of their own, “L. H.” (“Licentiate in Homœopathy”), obtainable by anyone trained at the London Homœopathic School or having been in reputable homœopathic practice for five years prior to its introduction.⁶⁶⁷ This idea curried even less favour with the homœopathic community and the suggestion of a “licence” to practice homœopathy resulted in uproar. Proponents attempted to justify the choice of the word “licentiate” on the basis of its accepted usage in medical circles, signifying the holder’s examined knowledge rather than an explicit legal licence to exercise.⁶⁶⁸ Critics could not see the benefit of adding confusing and technically worthless letters to a respectable M.D. or other recognized qualification.⁶⁶⁹ Moreover, there was a renewed worry that such a scheme would cause needless offense to London’s *Royal College of Physicians*.⁶⁷⁰ Bayes’s death in December 1882 took the wind out of the scheme’s sails and an alternative proposed the

⁶⁶⁶ Bayes, “The London School of Homœopathy: The International Recognition Scheme,” *MHR* 25 (1881): 55–60.

⁶⁶⁷ “London School of Homœopathy,” *MHR* 26 (1882): 50.

⁶⁶⁸ Richard Hughes, “The Licentiateship in Homœopathy,” *MHR* 26 (1882): 194.

⁶⁶⁹ The school’s own Dr. Pope mischievously suggested that the licentiates might be understood by the general public as being “Licensed Hawkers” (travelling salesmen and market traders, regulated in Britain under the 1847 Markets and Fair Clauses Act): Pope, “Remarks on the Proposed Diploma of the London School of Homœopathy,” *MHR* 26 (1882): 279.

⁶⁷⁰ Nicholls, *Homœopathy and the Medical Profession*, 183.

following year to incorporate the school under the Board of Trade and thereby offering a non-obligatory but legally protected title of “F.L.S.H.” (“Fellow of the London School of Homœopathy”) was equally unsuccessful.⁶⁷¹

By 1884, the school had once again been subsumed entirely under the *LHH*’s normal functions, though its curriculum was increased, with regular clinical instruction offered from October 1884 in both wards and outpatients department, allowing students to observe the homœopathic treatment of diseases of the eyes, of the skin, of the ear and diseases of women amongst other specialist subjects.⁶⁷² This instructive scheme seems to have continued, almost uninterrupted, throughout the 1880s, attracting students from as far afield as the United States and the British Colonies, few visitors failing to avail themselves “of the cordial welcome extended to them” at the *LHH*.⁶⁷³

By 1890, with impending plans of rebuilding the entire hospital, excitement was once again mounting about the incorporation of a medical school, though for some “the ultimate possibility of a medical school [was] too remote to excite enthusiasm.”⁶⁷⁴ This was also noticeable in the school’s adverts, which by 1890 had become mere listings of the outpatients department’s specialties and days,

⁶⁷¹ “The Past Year,” *MHR* 27 (1883): 4–5.

⁶⁷² “The Annual Meeting of the Governors and Subscribers of the London Homœopathic Hospital,” *MHR* 28 (1884): 365.

⁶⁷³ “London Homœopathic Hospital: Annual General Meeting,” *MHR* 31 (1887): 432.

⁶⁷⁴ “A New Homœopathic Hospital for London,” *MHR* 34 (1890): 406.

noting that wards were “open to medical men and students, for the purposes of clinical study, the physicians and surgeons giving clinical instruction during their visits to the wards,” with formal education being relegated to “postgraduate lectures on various subjects” during the winter season.⁶⁷⁵ These classes appear to have been formal lectures, followed by practical demonstrations on a patient during which students could examine and verify the case as well as observe its treatment, seemingly not confined to the administration of homœopathic remedies as this report of an adenoidectomy illustrates:

After the lecture a patient was brought into the room and anæsthetised by Dr. Day and an opportunity was then given to some of those present to examine the case digitally and to verify the diagnosis of post-nasal adenoids. A Mason’s gag was then introduced and the mouth fixed open whilst Mr. Knox Shaw removed the adenoids with Lowenberg’s forceps.⁶⁷⁶

Yet the classes were not, on the whole, considered to constitute a full medical school. When the Select Committee on Metropolitan Hospitals examined Cross in 1891, he reiterated the belief that nothing could be gained by attempting to compete with the established schools on equal terms:

[The hospital has] hardly a medical school in the ordinary sense of the term; as a fact our medical men only profess to teach two subjects, therapeutics and *Materia Medica*; all the

⁶⁷⁵ “Medical and Surgical Staff,” xiii.

⁶⁷⁶ “London Homœopathic Hospital for Graduate Lectures,” *MHR* 35 (1891): 419.

rest, if taught, would be the same as those taught in ordinary schools.⁶⁷⁷

While Knox Shaw's demonstration clearly shows that surgery was not excluded from the 'classroom,' though his preceding lecture had focused on the benefits derived from homœopathic remedies used to accelerate post-operative healing, Cross's comments show that homœopaths did not see anything to be gained from setting up a school teaching anatomy, physiology, pathology and all other subjects ordinarily taught in London's existing medical schools, not least as they had neither space nor resources to spare for such an endeavour. Instead, they focused on allowing those already proficient in medicine and surgery to add the homœopathic *materia medica's* arrows to their therapeutic quiver as an alternative to what allopathy had to offer.

Upon the grand reopening of the new hospital building in 1895, the *MHR* expressed its editors' hopes for the revival of the School of Homœopathy, which they had been assured was "not dead but only dormant" after the hospital's temporary closure.⁶⁷⁸ The new building seems to have imbued its staff with new brio, no longer content with the usual courses but, over the summer of 1897, arranging a "daily series of clinical lecture-demonstrations," with two distinct daily demonstrations except on those days reserved for surgical operations, also open to interested students. It is

⁶⁷⁷ *SC Report*, 564.

⁶⁷⁸ "The London Homœopathic Hospital," *MHR* 39 (1895): 411.

particularly noteworthy that, for the first time, “qualified *ladies* and gentlemen” were invited to attend.⁶⁷⁹ The sessions appear to have been crowned with success, judging by reports from as far afield as the United States, where one enthused practitioner wrote to the *Medical Century*:

The post-graduate course at the London Homœopathic Hospital has been thoroughly practical and largely of the nature of a clinical demonstration. ... Homœopathic physicians going abroad for study should by all means not slight the post-graduate at the London Homœopathic Hospital. Those not perfectly familiar with the German language will do better in London in post-graduate work than on the Continent.⁶⁸⁰

By the time the century drew to a close, it is clear that the *LHH* had successfully manoeuvred itself into a position whereby it was able to provide post-graduate education of a widely—among homœopaths—recognized quality, although not in the way its founders had anticipated. There was still no autonomous official medical school, the curriculum being administered by the hospital’s educational committee and no diplomas or titles were awarded. All attempts of giving the courses a more official, institutional or even incorporated character had been thwarted by the very community for whose benefit they had been intended. Neither Bayes nor his successors were able to surmount the

⁶⁷⁹ “London Homœopathic Hospital: Post Graduate Course, Summer Session – 1897,” *MHR* 41 (1897): 50. It is possible that this explicit invitation to *ladies* may have resulted from tentative enquiries by Edith Neild, who was by this time finishing her medical studies in Edinburgh and would be appointed as the hospital’s first female member of staff the following year (see 3.2).

⁶⁸⁰ S. R. Geiser, “Interesting London Letter,” *Medical Century* 5 (1897): 241.

reluctance of a large section of the homœopathic profession, loath to change the status quo and to demand an equal footing with their allopathic contemporaries. In the first decade of the twentieth century, homœopathic education technically removed itself from under the hospital's authority, instead coming under the auspices of the newly founded *British Homœopathic Association*. While composed of both lay and medical members, this body was to take full charge of the medical syllabus, endowing lectureships and travelling scholarships for "deserving" young medical graduates.⁶⁸¹ Lectures would be held in both the hospital and the new Regent Street Polytechnic, with a chair in homœopathic practice ("The Compton-Burnett Professorship") being endowed.⁶⁸² It would take almost a further five decades for an officially recognized title in homœopathy to be instituted. The *Faculty of Homœopathy*, founded in 1944 to succeed the *BHS* was eventually incorporated in 1950 by an act of Parliament, thereby receiving the legal right to examine and award qualifications.⁶⁸³ Ironically, given the opposition Bayes faced almost a century before, the highest degree this body could henceforth confer by examination was the *Licentiate*ship of the Faculty of Homœopathy (LFHom).

⁶⁸¹ "The London Homœopathic Hospital; Report of the 53rd Annual General Meeting of the Governors, Donors and Subscribers," *MHR* 47 (1903): 300.

⁶⁸² "The New Year," *MHR* 47 (1903): 2.

⁶⁸³ "Faculty of Homœopathy Act 1950," House of Commons, 14 Geo. 6 Ch. xx, S. 4 (London: HMSO, 1950).

Homœopathic practitioners were not the only healthcare professionals who benefitted from the *LHH* as a centre of training. The next section will examine the development of specific training aimed at those on whom so much responsibility for the hospital's patients rested: the nurses.

5.1.3 The London Homœopathic Hospital Nursing Institute

The *LHH*'s nursing staff and their comparatively 'discrete' existence within the institution for most of the nineteenth century have been referred to in a previous chapter (see 3.3). In that section, the Nursing Institute, which was to provide homœopathically-trained nurses for patients and practitioners outside the hospital, was briefly alluded to and it is this that will now be examined in more detail.

The *LHH*'s Matron, Miss Keeling (?-?) had, since her employment in 1861 as the institution's "housekeeper," been in charge of both the housekeeping and the training and supervision of nurses.⁶⁸⁴ In 1871, showing a cavalier disregard for what must have been a substantial workload (judging from the subsequent appointment of a dedicated full-time housekeeper without nursing duties), the Board of Management decided upon an experimental innovation: they began recruiting young nurse probationers, to train them as homœopathic nurses. The intentions were twofold: on the one

⁶⁸⁴ "Twelfth Annual Report of the Board of Management of the London Homœopathic Hospital," *Annals BHS* 2 (1863): Appendix, i-xii.

hand, the nursing care in the wards would improve by the provision of specifically trained staff; on the other hand, these “homœopathic” nurses could be sent out to the homes of wealthy patients, as well as assisting homœopathic practitioners in their work in Britain and on the Continent.⁶⁸⁵ The Board’s wish for trained, professional nurses was certainly in keeping with a general trend in hospital nursing at the time, away from the predominance of untrained—though by no means necessarily incompetent or careless—‘handywomen’ who provided sick care as a basic form of domestic service, toward a new type of respectable and efficient nurses as advocated by reformers like Florence Nightingale.⁶⁸⁶ The latter’s nurses’ training school at St. Thomas’s Hospital had been established in 1860, albeit against strong opposition from some of the medical staff, used to nurses “in the position of house-maids” and worried about a potential threat to their supreme authority on the wards, if such training might lead to nurses questioning instructions.⁶⁸⁷ Under the school’s regime, nurses were provided practical training in all aspects of general ward work, as well as in surgical nursing, requiring among other things a good knowledge of wound-care. They were expected to leave the school not only fully qualified for hospital work but also able to train others in other hospitals,

⁶⁸⁵ “The Annual Meeting,” *Annals BHS* 6 (1873): 381.

⁶⁸⁶ For a more detailed examination of this transition on a wider scale, see Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1988).

⁶⁸⁷ G. Barry Carruthers and Lesley A. Carruthers, *A History of Britain’s Hospitals* (London: Book Guild Publishers, 2005), 341.

setting in motion a network of increasingly professional matrons and nurses who could apply their skills interchangeably in any hospital ward. Many medical officers viewed this “birds of passage” system of mobile nurses with mistrust: the introduction of a Nightingale Matron at London’s Guy’s Hospital for instance caused a deep rift between the medical officers and the hospital governors who appointed her.⁶⁸⁸ Despite such initial misgivings, other hospitals embraced the new system so that by 1875 every hospital in the country was said to have at least one “Nightingale Nurse” on staff.⁶⁸⁹ In adopting the concept of systematic training from May 1870, the LHH was some years ahead of some of its larger contemporaries: while most general hospitals claimed to train nurses by the 1870s, an 1875 survey revealed that most actually had very little *systematic* training in place.⁶⁹⁰

The LHH’s Board of Management and medical officers must have viewed the experiment with some enthusiasm. Yet it quickly became clear that Miss Keeling might not have been the perfect choice to guarantee the scheme’s success: According to Dingwall, prior to the ‘professionalization’ of nursing, the position of Matron to a hospital might have appealed mostly to

⁶⁸⁸ H. C. Cameron, *Mr. Guy’s Hospital 1726–1948* (London: Longmans, Green and Co., 1954), 203.

⁶⁸⁹ *Ibid.*, 343.

⁶⁹⁰ Waddington, *London Hospitals*, 83; *St. Mary’s Hospital* for instance only started a training school for nurses in 1876, *St. Bartholomew’s* in 1877, while the medical officers at *Guy’s* did not fully accept the new Nightingale trained nurses until 1880, the same year that the *London Hospital* established its school.

the widow of a marginal member of the middle classes, such as a clergyman or an army officer, with the experience of managing a large Victorian household rather than necessarily of nursing the sick.⁶⁹¹

As a result, Miss Keeling might have been a good candidate to run the growing hospital's domestic affairs though not necessarily suited to training nurse probationers. The Board of Management realized that, to carry out the improvements as planned, they would have to procure

the services of a lady, trained regularly as a nurse, who had devoted herself to the cause of nursing, like Miss Nightingale, and others, with the object of alleviating the ills of suffering humanity.⁶⁹²

Such a lady was found in summer 1872: Miss Bendall (?-?), holder of a St. George's Hospital trained nurse's certificate and with "testimonials of the highest order," took charge as "Lady Superintendent of Nursing" while Miss Keeling, with the thanks of the board, was "liberated from any charge of the nursing arrangements" and could return to the hospital's more menial tasks.⁶⁹³

The experiment was an immediate success, with just over £145 contributed to the year's accounts by the new "nursing fund," through the fees charged for private nursing.⁶⁹⁴ The hospital's laws

⁶⁹¹ Dingwall, Rafferty and Webster, *Social History of Nursing*, 15.

⁶⁹² "Annual Meeting of the London Homœopathic Hospital," *BJH* 31 (1873): 532.

⁶⁹³ *Ibid.*

⁶⁹⁴ The fees charged for private nurses were £1/1/0 (≈ £47.99 in 2005) per week for 'ordinary' nursing, £1/11/6d (≈ 71.98 in 2005) for infectious diseases and any

were changed to reflect the two new positions created, that of Lady Superintendent of Nursing and that of the Matron, who reverted to being called “Housekeeper.”⁶⁹⁵ The new “Nursing Institute” meanwhile seemed to go from strength to strength, its income rising slowly from £165/6/6d in 1872–1873 to £190/13/0 the following year. By 1874, Miss Bendall was replaced by Miss Brew who “thoroughly kept up” the excellent nursing achieved under her predecessor. So successful in fact were the private nurses that in 1877, while discussing the addition of a separate structure to expand the hospital, it was decided that this should provide, among other things, for an increased staff of trained nurses.⁶⁹⁶ At the twenty-ninth annual meeting, the Board of Management’s report declared the experiment “a decided success,” praising Miss Brew’s skill in training her pupils and her ability in selecting probationers with the “necessary qualifications and aptitude:”

The large number of highly gratifying certificates – in some cases from eminent allopathic surgeons – brought back by the nurses generally on returning from the cases they have been

placement longer than three weeks was charged at two guineas (£2/2/0 ≈ £95.97 in 2005) per week: “The Nursing Institute,” 761. In comparison, a skilled craftsman’s daily wages in the building trade were around 5s in 1870 (≈ £11.43 in 2005).

⁶⁹⁵ Ibid. It is unclear when the Laws of the Hospital were officially changed to reflect the new titles, any such change requiring a Special meeting of the Governors and Subscribers, yet no mention of such a meeting being held was being made in the minutes book, though henceforth only the new titles were used.

⁶⁹⁶ “Annual Meeting,” *Minutes* 1, 19 June 1877.

attending, testify to the excellence of the nursing and to their general good conduct.⁶⁹⁷

In 1886 the school moved to the newly acquired freehold building in Powis place, adjacent to the hospital, and on the 5th April Lady Ebury officially opened the “London Homœopathic Hospital Nursing Institute,” which would remain under Miss Brew’s supervision until her retirement in 1906.⁶⁹⁸ With the increasing specialization of hospital departments, different training was also required for nurses: in 1886, several of the trained nurses were sent to a lying-in hospital for instructions in “monthly nursing,” a move that must have responded to an existing demand: after an announcement to the effect was made, the number of applications for their services even “exceeded the expectations of the Board.”⁶⁹⁹

From 1895, the systematic training received by the institute’s nurses was given an additional theoretical element, instruction of which rested with the members of the honorary medical staff. The hospital also proved ahead of many of the other London institutions by insisting on its nurses completing no less than three years’ hospital training before being eligible to be placed on the private nursing staff. This development was noted by the homœopathic press for its boldness, since it temporarily reduced the number of nurses available for private hire and hence caused “not a little inconvenience” to those practitioners “in the habit of

⁶⁹⁷ “Twenty-Ninth Annual Report,” 197.

⁶⁹⁸ “The London Homœopathic Hospital Nursing Institute,” *MHR* 28 (1884): 308.

⁶⁹⁹ “London Homœopathic Hospital,” *MHR* 30 (1886): 122.

making use of its nurses,” and presumably a significant loss of income to the hospital.⁷⁰⁰ It has unfortunately been impossible to ascertain in any detail what the hospital’s nurses’ curriculum at this time would have been. While it does not seem to be true, as Lorentzon claims, that “the management of nursing was a topic of greater interest to the Board than nurse education,” the evidence is unfortunately mostly limited to what can be gleaned in contemporary press notices.⁷⁰¹ Nevertheless, the courses taught in the 1890s must have been satisfactory to the standards expected from their contemporaries, judging by the *Nursing Record*’s approving tone:

The London Homœopathic Hospital has brought its curriculum up to the most modern requirements of Training Schools for Nurses. And they deal honourably, both with the Nurses and the public by insisting that all their private staff shall have a three years’ certificate. And the course of lectures and the training offer an admirable inducement to a good type of Nurse to enter the Homœopathic Hospital. Lectures are given in the first year on nursing ethics, in addition to the professional curriculum, and in the second year, lectures are given on massage, invalid cookery, as well as on special nursing such as gynæcological and ophthalmic nursing. There is also a praiseworthy system of giving bonuses to the Nurse in

⁷⁰⁰ “Nursing at the London Homœopathic Hospital,” *MHR* 40 (1896): 12.

⁷⁰¹ Lorentzon, “Management of Nursing,” 59. No detailed references to a nursing curriculum could be found in the minutes of the hospital Board of Management and Staff Committee meetings between 1890 and 1899 (LHH Minutes of Board Meetings, H60/LH/A/01/001-006, LMA).

accordance with the length of their service and the prosperity of the institute.⁷⁰²

From this article it is clear that, as well as receiving the ‘standard’ nursing training which would have encompassed all elements of ward work and patient care required to work in the hospital itself, the institute’s nurses were, from the second year of training, also schooled in care for convalescents, the courses in cookery appropriate for recovering patients and massage presumably preparing them for the tasks required in their work as privately hired convalescence nurse.

By the time the hospital reopened after its rebuild in 1897, the Board of Management had provided a separate house containing forty-six beds for the accommodation of nurses, reflecting the importance accorded to them, both for the work carried out within the hospital’s wards and as the institution’s ambassadors to the ‘outside world.’ Further expansion took place in the twentieth century, an entire building in Great Ormond Street being dedicated to housing staff and students of the Nursing School, which survived until the hospital’s last ward was closed in 1990, the school’s building being acquired by the neighbouring Great Ormond Street Hospital.

⁷⁰² *Nursing Record* 15 (1895): 291; this shows that systematic education existed before 1911, the period for which Lorentzon identified the first records indicating that training took place: Lorentzon, “Nurse Education,” 25.

As a final aside, it is worth mentioning that there might have been a special reason for the Board and staff of the *LHH* to be so favourably disposed towards their nurses' training, well-being and accommodation in the late nineteenth century, beyond the obvious financial gains they brought to the institution. The Reverend Dacre Craven (1832–1900), rector of neighbouring St. George's church and chaplain to the hospital from 1881, married Florence Lees, one of the founders of the Metropolitan Nursing Association, which provided trained nurses to attend the sick poor in their homes. Florence Nightingale herself was godmother to Dacre and Florence's son Waldemar (1880–1928), establishing a direct link between the most influential nursing reformer and the homœopathic Nursing Institute at the hospital where Craven played an active role among the Governors.⁷⁰³ Matron Marion Brew herself was apparently a well-known and respected character in the nursing profession, both her and several other of the hospital's nursing staff having close connections with Mrs Ethel Bedford Fenwick (1857–1947), proprietor of the *Nursing Record* and founder of the *Royal British Nursing Association*—an organization most of the hospital's nurses joined after training with the association's badges “seen in every ward”—and the driving force

⁷⁰³ Lynn McDonald, *Florence Nightingale*, 903.

behind the Nurses Act 1919, the first step towards a centrally regulated nursing profession.⁷⁰⁴

The medical and nursing educational sides were very important aspects to fulfil, and the LHH did so throughout its history, albeit in varying degrees, from the occasional lectures to supporting a fully endowed professorship in homœopathic practice. But there are other aspects of importance to be considered, activities in the field of British homœopathy that were not intrinsically connected to the hospital's own core mission, but that might not have been achieved without the support of its welcoming foundations.

5.1.4 The London Homœopathic Hospital and the Homœopathic Press

The most sizeable non-clinical activity in which the LHH was involved was the promotion of homœopathy in print.⁷⁰⁵ From their foundation, the *British Homœopathic Association* and later the BHS contributed extensively to existing homœopathic publications, particularly to the *British Journal of Homœopathy* (BJH), published from 1843. Partly, this was an indisputable exercise in self-promotion, emulating other learned societies and medical journals. Nineteenth-century medical men recognized the professional publication as a source of prestige through visibility, at least equal to that which could be gained through their actual

⁷⁰⁴“A Visit to the London Homœopathic Hospital,” *Nursing Record* 15 (1895): 437; Mary Wilson Carpenter, *Health, Medicine and Society in Victorian England* (Santa Barbara: Praeger, 2010), 170.

⁷⁰⁵ A list of British Homœopathic Periodicals published in London throughout the 19th century can be found in **Appendix D**.

achievements.⁷⁰⁶ In large part, it was therefore also an absolute necessity for homœopaths to establish their own periodicals, as British ‘mainstream’ medical journals would not print homœopaths’ contributions without risking opprobrium from their readership and contemporaries, thereby barring homœopathy from another area of the medical sphere.⁷⁰⁷ Willfahrt examined the extreme importance of publishers and booksellers—particularly Christoph Arnold (1763–1847), Friedrich Baumgärtner (1759–1843) and Willmar Schwabe (1839–1917)—in the dissemination and expansion of Hahnemann’s writings and of German homœopathic publications in general.⁷⁰⁸ In a similar way, both English and Spanish Homœopaths had been lucky to count with the—seemingly neutral—support of the French Baillière scientific publishing and bookselling ‘empire’ from 1832. Jean-Baptiste Baillière (1795–1885) was one of the most respected and certainly one of the most influential nineteenth-century publishers of scientific works, particularly in the field of medicine, being one of the principal driving forces behind the international expansion of the French ‘school’, his authors—and friends—including such luminaries of French medicine as the physiologist Claude Bernard (1813–1878) and the physician Jean-Baptiste

⁷⁰⁶ M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley: University of California Press, 1978), 172.

⁷⁰⁷ Nicholls, *Homœopathy and the Medical Profession*, 150.

⁷⁰⁸ Joachim Willfahrt, “Wie der homöopathische Apotheker und Verleger Willmar Schwabe (1839–1917) und seine Wegbereiter im Laufe des 19. Jahrhunderts der Homöopathie ein Millionenpublikum verschafften,” in Dinges, *Homöopathie*, 270–295.

Bouillaud (1796–1881) but also men like Émile Littré (1801–1881), author of the *Dictionnaire de la Langue Française*.⁷⁰⁹ The wide international network Baillière established through his family—his brothers and children setting up subsidiaries in London, New York, Melbourne and Madrid—ensured that by the 1840s the company’s reputation transcended far beyond its relatively humble beginnings as publishers of the Parisian *Académie de Médecine*’s journal.⁷¹⁰ This international network also gave Baillière’s selected authors an international distribution and exposure that few could rival. Baillière’s initial co-distribution of the *BJH* probably ensured a wider readership and international awareness of this new title than might otherwise have been possible. The existence of such a homœopathic journal was crucial to allow the fledgling profession to keep abreast of developments, particularly for those practitioners not located near the London hub of activity. The contents were varied, ranging from original and translated articles on materia medica to reports of society meetings and reprints of hospital reports and statistics. Another important role of these journals was the bibliographic service they offered to subscribers, providing reviews of new works published in Britain and abroad that the editors considered of interest to homœopaths.

⁷⁰⁹ Christian Reignier, “Baillière et l’Influence Internationale de la Médecine Française,” in *J.-B. Baillière et fils, éditeurs de médecine*, eds. Danielle Gourevitch and Jean-François Vincent (Paris: De Boccard, 2006), 116.

⁷¹⁰ Frédéric Barbier, “Jean-Baptiste Baillière et l’Édition Médicale,” in Gourevitch and Vincent, *Baillière et fils*, 32.

They were also instrumental in promoting the establishment of the *LHH*, even if the editors' sympathies were initially split between Quin's and Curie's rival institutions.⁷¹¹ Nonetheless, particularly after the latter's demise, the *BJH*'s pages were continually swelled by contributions from both the *BHS* and its members associated to the *LHH*. While officially independent under the editorship of Drysdale, Dudgeon and Atkin, the journal nevertheless was the institution's de-facto house publication. John Ryan's *Monthly Homœopathic Review*, published from 1856, while following a similar open editorial policy with regards to contributions, often provided a more openly critical view of the hospital's developments, particularly related to Quin's 'fundamental law.'⁷¹² Quite possibly it was this initial reticence by two 'friendly' publications to unquestioningly endorse their institution that made Quin and his hospital colleagues dip their toes further into the publishing world. After the opening of the new hospital in 1859, a new publication, the *Annals and Transactions of the British Homœopathic Society, and of the London Homœopathic Hospital*, was launched in May of the following year (figure 5.1).

⁷¹¹ "The Hahnemann Hospital and School," *BJH* 8 (1850): 412.

⁷¹² John Ryan, "Editorial Address," *MHR* 4 (1860): 6.

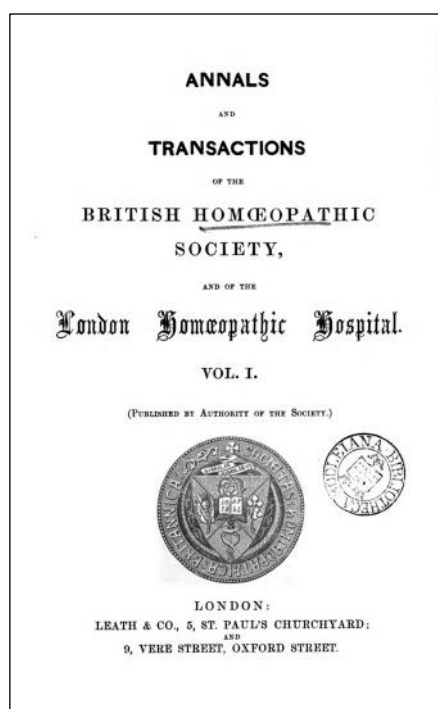


Figure 5.1: First volume of the “Annals and Transactions of the British Homœopathic Society and of the London Homœopathic Hospital”, published in May 1860.

The first volume’s preface explained that it was merely the execution of a long-held plan to publish the society’s transactions whenever sufficient materials had accumulated.⁷¹³ While officially under the auspices of the society, both its title and the names forming its editorial committee were a clear indication that this was the hospital’s official organ: Quin, Russell, Yeldham and Cameron were all active or recent members of the honorary medical staff. In any case, the separation between the society and the hospital was a tenuous one at best, considering all medical officers had to be members and society meetings were held in the hospital’s Boardroom. The *Annals* modelled themselves very

⁷¹³ “Prefactory Notice to the First Volume of the Annals,” *Annals BHS* 1 (1860), iii-vii.

closely on the reports produced by large metropolitan institutions like *Guy's Hospital*.⁷¹⁴ The contents were limited to non-polemical articles and interesting or unusual case histories from the hospital's wards or outpatients department. Lectures held at the hospital were also included, as well as papers presented at the society's meetings. As the *Annals* were irregular in publication—volumes 1 and 2 were both published in 1860 and 1861 but three years lay between volumes 8 (1876) and 9 (1879)—they were never in direct competition for readers with other journals, no doubt one reason why each volume's appearance was always welcomed by its more frequent competitors, the publications even being widely distributed internationally,⁷¹⁵ effectively increasing international awareness of the hospital and its activities. The *Annals* continued to be published until 1891, when the society and hospital parted ways, at least as far as editorial fellowship was concerned: The society released its new *Journal of the British Homœopathic Society* while George Burford (1856–1937) and Charles Knox Shaw edited the *London Homœopathic Hospital Reports*. Once again, they insisted that their intention was not to compete with existing publications but to provide an outlet for the hospital staff's work, thereby falling “into line with the best of the London Hospitals,” of whom it was said:

⁷¹⁴ *Guy's Hospital Reports*, edited by George Hilario Barlow (1806–1866) from 1836.

⁷¹⁵ This assertion is based on the editorial imprint, which listed several international distributors, and comments regarding the journals' papers being widely reprinted in international publications, though the only complete collection of all 12 published volumes could be located in the British Library (AC.3843) and the Bodleian Libraries, Oxford (Soc. 1513 e. 1/21).

So long as it can point to the regular issue of good practical reports, amply illustrated and well printed, it may be somewhat excused for that air of self-laudation which it is generally admitted is one of its characteristics.⁷¹⁶

Just like the hospital part of the *Annals*, the *Reports* reprinted lectures delivered by hospital staff, as well as reports of clinical work at the institution, such as abdominal surgery. Even innovations introduced by some of the staff were promoted, such as Dudgeon's paper on the use of his own invention, the portable sphygmograph, a contraption that allowed the measurement of the arterial pulse to be routinely introduced into the consulting room, something previously hampered by the instrument's size.⁷¹⁷ It seems that only seven volumes of the reports were produced between 1891 and 1899, after which time articles relating to the hospital reverted to the pages of the society's journal.⁷¹⁸ Again the close link between the publication and the institution can be seen throughout the journal's pages, not only in the editorial content but also in details such as the promotion of vacancies on the hospital's medical staff. The clearest indication that the society's journal continued to depend heavily on the hospital can be found in its back-pages: "all applications for Space in the pages allotted for advertisements" were to be addressed to "E. A. Attwood,

⁷¹⁶ Burford and Shaw, "Introductory by the Editors," *LHH Reports* 1 (1891): xv.

⁷¹⁷ Dudgeon, "On the Use of the Sphygmograph," *LHH Reports* 1 (1891): 24.

⁷¹⁸ Only seven volumes of the *LHH Reports* could so far be identified: The British Library holds vols. 1-3 (D-067687.h.21.); the IGM holds vols. 2-7 (H/a/5/204), while the University of Michigan's Medical Library holds vols. 1-7 (BUHR TAUB H610.5 L).

London Homœopathic Hospital,” the hospital’s secretary evidently also acting as advertising manager for the journal.⁷¹⁹

It is clear that many of the homœopathic journals that sprung up in Britain between 1843 and 1900 existed in what can only be described as a symbiotic relationship with the *BHS* and by extension with the *LHH*, with some depending entirely on and of the institution. The hospital supplied content in the form of clinical reports, patient statistics and lectures from its school while simultaneously providing most of the editorial staff from amongst its ranks of medical and administrative officers, as well as, in some cases, offering a physical location for the publication’s editorial meetings and correspondence. In return, it could expect to receive wider coverage of its activities, both clinical and educational, as well as a means of targeting its regular adverts for vacancies and requests for financial support to a larger, sympathetic, medical and—in the case of some journals like the *MHR*—lay readership.

It is worth remembering that homœopathic publishing in Britain went beyond mere periodicals: some members of the *BHS* founded the “Homœopathic Publishing Society” in the 1840s, which from around 1876 became the “Hahnemann Publishing Society.” Its aim was to defray the cost of translating and publishing essential but expensive volumes that would, due to the expected low number of purchasers, have otherwise deterred publishers and booksellers

⁷¹⁹ “The Journal of the British Homœopathic Society,” *JBHS* 9 (1900–1901): advertisement appendix, xii.

from bearing the risk. Occasional subscriptions to these societies were one guinea, for which each member could expect to receive books up to that value at near-cost price.⁷²⁰ It is unclear how successful the scheme was, though the society survived at least until the 1890s, publishing among other works a repertory of homœopathy, several volumes on *Materia Medica*, a *Pharmacopoeia* and an English translation of Hahnemann's *Organon*'s fifth edition.⁷²¹ Its committee was mostly formed by members of the BHS, many of them involved with the London hospital, though perhaps due to the strong influence of the Liverpool homœopathic community—who had their own important homœopathic dispensary since the 1840s and their own homœopathic hospital, established in 1887 by the industrialist Henry Tate (1819–1899)—on the Hahnemann Publishing society, no *official* link to the London institution was ever established.⁷²²

5.1.5 *London's Homœopathic Library*

Nineteenth-century British homœopaths knew, like few others, the value of a well-stocked library in the arduous task of acquiring

⁷²⁰ Richard Hughes, Herbert Nankivell and John H. Hayward, "The Hahnemann Publishing Society," *MHR* 20 (1876): 645.

⁷²¹ Dudgeon, *Pathogenetic Cyclopædia*, 2 vols. (London: Hahnemann Publishing Society, 1850); J. J. Drysdale, ed., *The Hahnemann Materia Medica* (London: Hahnemann Publishing Society, 1852); Dudgeon, *A Repertory: Or Systematic Arrangement and Analysis of the Homœopathic Materia Medica Contents* (Liverpool: Hahnemann Publishing Society, 1878); Hahnemann, *Organon of Medicine*, transl. R. E. Dudgeon (London: Hahnemann Publishing Society, 1893); among others.

⁷²² The Liverpool Hahnemann Hospital's records, from 1857 to 1972, are deposited at the Liverpool Record Office and Local History Service (614 H.).

sufficient knowledge to practise, particularly before more structured educational possibilities existed within the *LHH*. Additionally, even with the help of such organizations as the aforementioned *Hahnemann Publishing Society*, medical books were expensive, making it difficult for all but the most successful practitioners to own even the ‘standards’ required.⁷²³ The importance of knowledge contained in books was and remains well known to homœopaths: the practice rests primarily upon the *Organon*, Hahnemann’s *magnum opus*, that was obligatory reading for anyone with even a passing interest in homœopathy. Richard Moskovitz described homœopaths using the Islamic concept of *Ahl al-Kitāb* (“People of the Book”), due to what he saw as their “almost religious devotion to text.”⁷²⁴ Unlike the Prophet, however, homœopaths’ allopathic contemporaries did not extend them any freedoms and privileges, instead refusing them access to their circles. Homœopathic books could not readily be found in the places physicians might otherwise have searched for information. The importance of a library as one of the crucial symbols of a legitimate profession was nothing new. The Royal College of Physicians established its library in 1518—later named the

⁷²³ In fact, this remained a major problem for student homœopaths until the introduction of the Indian publisher B. Jain’s series of inexpensive reprints in the twentieth century, making many previously scarce and expensive tomes available to a larger—Anglophone—public. It must however be noted that this publisher occasionally displays a somewhat cavalier attitude to copyright in its efforts.

⁷²⁴ Julian Winston: *The Heritage of Homœopathic Literature* (Tawa, NZ: Great Auk Publishing, 2001), viii.

Harveian Library after William Harvey (1578–1657), whose legacy to the college paid for a dedicated librarian's salary.⁷²⁵ Hahnemann himself owed much of his early medical education to the generosity of Samuel Carl von Bruckenthal (1721–1802), Governor of the Principality of Transylvania, who appointed the young medical student as private physician and librarian, giving him custody of his vast library in Hermannstadt (Sibiu, Romania).⁷²⁶ It could therefore be said that the need for a library was perhaps woven into the very fibres of homœopathy's existence from inception. The *BHS* certainly made it one of their priorities:

LXXVII. — The funds of the Society ... shall be appropriated to the necessary expenses of the Society, to the purchase of medical periodicals, both Foreign and British, first Homœopathic, and then Allopathic, and to the formation of a Library.⁷²⁷

It is unclear where this library was to be based initially, though all important announcements, such as proposed elections to Fellowships of the society, were to be posted there in advance of meetings. Initially governed by the society's secretary, its use was also regulated in a separate chapter of the "Laws," with "no more

⁷²⁵ Royal College of Physicians, *Collections Development Policy: RCP Library and Jerwood Medical Education Resource Centre* (London: Royal College of Physicians, 2009), 3.

⁷²⁶ Michael Neagu, "Von der Ethnomöopathie zur Postkommunistischen Vielfalt: Rumänien," in Dinges, *Weltgeschichte*, 259; the manuscript catalogue Hahnemann began compiling can still be found in the library of what is now the *Bruckenthal Museum*: Gheorghe Jurj, "Primeiras Influências de Hahnemann: Estudo Preliminar do Ms 87, Biblioteca de Bruckenthal," *Cultura Homeopática* 5, no. 14 (2006): 13.

⁷²⁷ "Laws of the BHS (1846)," 119.

than two volumes of any standard work and one number of a periodical” allowed to be in any members’ possession at any given time and a suggestions book for future purchases being kept in the library for members’ convenience.⁷²⁸ Unauthorized removal of books was fined with 5s, while 1s was due for every week a volume was overdue. This strict regulation demonstrates the importance the society’s founders placed upon its library and the preservation of its holdings.

It is also unclear how soon the hospital became the society’s permanent base and therefore the seat of its library, though some evidence points to it happening immediately upon the institution’s opening: in 1849, the society agreed to a gift of £100 towards the establishment of the new hospital, with an annual contribution of £50 thereafter. The only proviso was that the society be given “some accommodation” for holding meetings and a room in the premises to be “appropriated for the purposes of a library.”⁷²⁹ Both boardroom and library would be shared with the hospital’s members. Whether these plans were realized immediately or only after the hospital’s opening, by 1853 the official meetings were indeed being held at 32, Golden Square.⁷³⁰ The attachment was expanded when the institution moved to its

⁷²⁸ Ibid., 210.

⁷²⁹ Marmaduke B. Sampson, *The Concluding Task of the Disciples of Homœopathy: An Address, delivered to the Members of the British Homœopathic Association; Together with the Formation of a London Homœopathic Hospital* (London: Samuel Highley, 1849), 26.

⁷³⁰ Atkin, *Homœopathic Directory* (1853), 44.



Figure 5.2: The London Homœopathic Hospital's Boardroom, c.1900. Part of the BHS's library can be seen in the background, underneath portraits of Hahnemann and Lord Ebury.

new premises in Great Ormond Street, the 1866 directory mentioning “the society's rooms” at the LHH, where monthly meetings were held (figure 5.2).⁷³¹

From that point on the library, nominally owned and managed by the society, was a fully integrated part of the LHH, no doubt used by its medical officers and those closest to the society's committee. The interest in the library however does not seem to have been universal among the membership: in 1874, Pope's presidential address for the year's session included a warning to members not to see the library as merely an “ornamental appendage,” having been carefully catalogued by the Library Committee, who required

⁷³¹Bayes, ed, *The London and Provincial Homœopathic Medical Directory* (London: H. Turner, 1866), 73.

the stimulus provided by members inquiring about the books at their disposal.⁷³²

From 1892, with the society publishing its own separate journal, the library received more regular mentions in print, its virtues extolled to new members and assurances given to those not within easy reach of its London reading room that arrangements would be made to facilitate “country members” access.⁷³³ By this point the society’s laws stipulated the appointment of a dedicated librarian from among the society membership, a position taken up by Dr. Edwin A. Neatby (1858–1933) in 1893.⁷³⁴ Under his direction, a new catalogue was drawn up and published in supplements to the journal for the benefit of remote members, who could order volumes upon payment of return carriage.⁷³⁵ As an additional benefit to members, the society’s council voted in 1896 for Dr. Burford and some assistants of his choice to create a comprehensive index of British homœopathic literature—most of which was by then held in the library. The finished index was to be printed and sent to members, providing younger and recent members with a record of the complete contents of the British homœopathic press since the *BJH*’s first issue.⁷³⁶ With the reopening of the newly rebuilt hospital in 1895, the library was

⁷³² Pope, “An Address Delivered at the Opening Session 1874–5 of the British Homœopathic Society,” *BHJ* 33 (1875): 118.

⁷³³ “Society News,” *JBHS* 1 (1892–3): 84.

⁷³⁴ British Homœopathic Society, *Laws of the British Homœopathic Society* (London: John Bale & Sons, 1893), 14.

⁷³⁵ “Society News,” *JBHS* 5 (1896–7): 82.

⁷³⁶ “Society News,” *JBHS* 4 (1895–6): 328.

moved into the new Boardroom, also used for all society meetings, by arrangement with the Board of Management, its opening hours adjusted to the institution's ordinary office hours.⁷³⁷

With the catalogue of the newly arranged library, both by alphabetical and subject order, finally completed, Neatby, "having so far finished his labours and set his house in order," resigned from his post, leaving James Rudolph Paul Lambert (?-?), anaesthetist and assistant physician of the hospital, to take the library into the new century. The society's library remained at the LHH through much of the twentieth century, only being broken up when the *Faculty of Homœopathy* and the *British Homœopathic Association*, successors to the society and therefore new owners of its library, left the Great Ormond Street building in 1999, finally establishing themselves in new premises in the town of Luton in 2003. Much of the library's collection remains inaccessible in storage since then, though some parts were split up between the *Glasgow Homœopathic Library*, the LHH and the *British Homœopathic Association's* offices in Luton.

5.1.6 Other Activities In and Around the LHH

Beyond education, publishing and facilitating better access to homœopathic literature, the LHH, as the first and foremost homœopathic institution in Britain, was directly or through members of its medical staff involved in a variety of other

⁷³⁷ "Report of the Council," *JBHS* 4 (1895-6): 489.

activities that promoted and supported homœopathy, both among the wider public and as a legitimate practice with structure and facilities similar to those existing in the ‘orthodox’ medical world. These included the regular organization of gatherings, such as the British and International Homœopathic Congresses that, while not actually directly linked to the hospital, nevertheless counted with substantial involvement from those associated with it, on occasion even being held in the institution’s Boardroom.⁷³⁸ Particularly the international congresses enabled British homœopathy to remain linked with homœopaths not just in the United States, but across the world.

At the local level, the establishment of a *Federation of Homœopathic Hospitals*, proposed in 1898, was principally promoted by the London and Liverpool hospitals to provide a united clinical front.⁷³⁹ Furthermore, it is clear that an association with the hospital was of interest not only to practitioners but also to businesses, especially those involved in homœopathy such as the many homœopathic pharmacies that existed in London. This was also a thoroughly symbiotic relationship: From the time of its foundation until at least the beginning of the twentieth century, the *LHH* had one distinct advantage over other institutions: not only was homœopathic medicine cheaper than medicine prescribed by allopaths but the hospital did in fact not pay for any

⁷³⁸ “British Homœopathic Congress,” *BJH* 32 (1874): 566.

⁷³⁹ “Federation of British Homœopathic Hospitals,” *MHR* 42 (1898): 363.

Homœopathic Medical Directory Advertiser.

LEATH AND ROSS,
WHOLESALE AND RETAIL
HOMŒOPATHIC CHEMISTS,
9, VERE STREET, W.;
AND
5, ST. PAUL'S CHURCHYARD, LONDON, E.C.

ESTABLISHED 1835.

(Chemists by appointment to the London Homœopathic Hospital.)

LEATH & ROSS supply HOMŒOPATHIC MEDICINES in every variety of form prepared with care, suitable for Medical, Hospital, and Domestic practice, at prices as low as possible consistent with quality.

L. & R.'s MEDICAL PRICE is now ready,

Giving prices current for Mother Tinctures, Triturations, Globules, Pilules, and Attenuated Tinctures; also High Dilutions and American Preparations. The latter supplied in original bottles or in smaller quantities. Triturations of KARRN's Concentrated Medicines or Resinoids, to the Third Centesimal degree in Stock, at the same prices as the Homœopathic Triturations.

Medical Price Lists free by post on application.

Figure 5.3: Advert for Leath and Ross, homœopathic chemists in London, 1869.

medication dispensed. Under agreements with first Leath & Ross of Vere Street and St. Paul's and later E. Gould of Moorgate Street, the hospital was supplied free of charge with all homœopathic remedies it required.⁷⁴⁰

In return, the pharmacies in question proudly displayed their connection to the hospital on all their advertisements and products (figure 5.3). Considering the amount of pharmacies producing and selling homœopathic products in London alone, let alone across the country, the words "By appointment to the London Homœopathic Hospital" aimed to raise the sponsoring

⁷⁴⁰ SC Report, 564; Pope, ed., *The Homœopathic Medical Directory of Great Britain and Ireland ... 1869* (London: H. Turner, 1869), advertiser, iii.

chemists above their rivals. Analogous to the effect doctors' hospital appointments had of raising them to the elite of their profession, the implication was of a superior quality to competitors, tested by the 'elite' among homœopathic practitioners (those working at the *LHH*), who found the product suitable for use in their institution.

Additionally the attachment might have carried some weight among the hospital's subscribers and governors but also among the hospital's and the society's practitioners requiring medicines for their private practice, thereby giving the 'generous' pharmacist potentially exclusive access to a loyal group of well-situated and often high-profile clients.

A final, somewhat unexpected, activity in which the *LHH* would take an active interest from the beginnings of the twentieth century, was the *Missionary School of Medicine*, started by the hospital's physicians Neatby and Burford's inception in 1902 with 24 students, with the aim of providing missionaries travelling to the British colonies, China and beyond, with sufficient knowledge to be able to supply basic homœopathic medical care in cases of need where no medical man—or at least no homœopath—was available.⁷⁴¹ The school's students were attracted by

⁷⁴¹ Philip Price, *Touching the Ends of the Earth; The Story of Medical Service Ministries* (Ware, Hertfordshire: MSM, 2003), 4; the school changed its name to "Medical Services Ministries" in 1996. Its records, from 1903 to 1996 are deposited with the School of African and Oriental Studies' Archives, London

homœopathy's apparent reliance on individual *subjective* symptoms, something even those without thorough medical training could understand with the help of an introductory course and appropriate guidebooks.⁷⁴²

While training missionaries was a radical departure from Quin's original firm belief that only those medically qualified ought to practise homœopathy, this development brought British homœopathy full circle back to the practice's beginnings in Germany, where it found great favour with both protestant and catholic clerics and their families. These had been attracted by what they saw as homœopathy's illustration of the powers that God had instilled in nature, in opposition to the increasingly mechanistic view of allopathic medicine.⁷⁴³ More immediate parallels could also be drawn to the Italian Jesuits who, in 1840, trained their missionaries in homœopathy before sending them abroad due to the positive effect homœopathic cures, dispensed by a priest or nun, had on 'unbelievers.'⁷⁴⁴

(/MSM). See also Anita E. Davies, "The History of MSM – Homœopathy and Natural Medicines," *Homeopathy* 96 (2007): 52–59.

⁷⁴² A. Gladstone-Clarke, *Decachords: A Concise Guide to the Homœopathic Materia Medica*, fourth edition (London: Missionary School of Medicine, 1986), foreword.

⁷⁴³ Michael Stolberg, "Homöopathie und Klerus," 141.

⁷⁴⁴ Ibid., 140. On other homœopathic missionary efforts see also Marion Baschin, "[...]und war ein Stück Grümpel mehr im Lande.' Die gescheiterten Versuche einer homöopathischen Ausbildung für Missionare der Basler Mission," *MedGG* 29 (2010): 229–274.

5.2 **Ancillary Activities at the IHHSJ**

Despite the early attempts at founding a homœopathic institution in the Spanish capital, the Madrid hospital was, as described in **chapter 2**, only opened in 1878. As a result, its nineteenth-century history is much shorter than that of its London counterpart and can reasonably be expected to provide a smaller range of ancillary activities, also due to its comparatively small size. However, as its very name implies, the *IHHSJ* was always intended to fulfil at least a dual function: that of providing homœopathic *hospital* care to the poor and that of offering a *homœopathic institute* to all those wishing to receive instruction. Among other things, this second major role will be examined in this section, though once again it is necessary to first survey the panorama of ‘mainstream’ medical education against which it was established.

5.2.1 **A Brief Survey of Medicine, Medical Education and the Hospital in Nineteenth-Century Madrid**

Historians of science and medicine have termed the beginning of the nineteenth century in Spain a “period of catastrophe.”⁷⁴⁵ While the previous century had brought the period of the Enlightenment, its developments were followed in short order by the forced abdications of Charles IV (1748–1819) and his son Ferdinand VII (1784–1833) from the Spanish throne in favour of Joseph

⁷⁴⁵ López Piñero, “Introducción,” in López Piñero, *La ciencia en la España del siglo XIX*, 14.

Bonaparte; the resulting Spanish war of Independence (1808–1814) against the French occupying forces and the terminal decline of the Spanish empire through the loss of its colonies in the South-American wars of independence (1808–1824). These events caused the country to sink into a deep political, social and economic crisis from which it would take decades to recover.⁷⁴⁶

Under the rules of Charles III (1716–1788) and Charles IV medicine and surgery in particular had flourished through the influence of neighbouring France: many of Spain's great surgeons of the time had done at least part of their studies in the schools of Montpellier or Paris.⁷⁴⁷ Yet Spain seems to have lagged behind its neighbour even before the catastrophic period began, progress in some areas being accompanied by retrograde decisions—possibly as reactions against the worrying events across northern borders from 1789—in others: surgeons had attempted to regulate the specialty of dentistry in 1795, yet in 1804 a Royal decree made it the exclusive domain of the *sangradores* (phlebotomists);⁷⁴⁸ venesection in general was so ubiquitous even in healthy persons that the surgeons and doctors accompanying the French army—themselves by no means in possession of vastly superior knowledge yet—considered Spanish medicine “archaic,”

⁷⁴⁶ López Piñero, *Las ciencias médicas básicas en la Valencia del siglo XIX* (Valencia: Edicions Alfons el Magnànim; Institució Valenciana d'Estudis I Investigació, 1988), 230.

⁷⁴⁷ Lopez Piñero, *La medicina en la historia* (Madrid: La Esfera de los Libros, 2002), 413.

⁷⁴⁸ *Ibid.*, 635.

considering barbers and phlebotomists in particular as entirely ignorant.⁷⁴⁹

Spanish surgeons held the French in high esteem, founding surgical schools modelled on the *Académie de Chirurgie* in Cádiz, Barcelona and Madrid.⁷⁵⁰ Ardent admiration for the French scientific system without regard for political risk led some to take up official positions under Bonaparte's regime: the surgeon Antonio Gimbernat y Arbós (1734–1816) for instance presided over the Public Health Council.⁷⁵¹ This practical attitude of placing what they saw as scientific progress that benefitted the nation above what others saw as collaboration with the enemy earned such men—and the medical profession in general—a reputation of *afrancesados* (francophile), leading to disgrace and removal after the expulsion of the occupying forces.⁷⁵² Ferdinand VII's return and absolutist rule repressed all innovations, instead wishing to return to an *ancien régime*, persecuting liberals who made up the bulk of Spanish intellectuals, doctors and scientists, effectively putting an end to medical advances and causing the first wave of

⁷⁴⁹ Luis Alfonso Arcaraza García, *La asistencia sanitaria en Zaragoza durante la Guerra de la Independencia española (1808–1814)* (Zaragoza: Asociación Cultural "Los Sitios de Zaragoza," 2007), 57–58.

⁷⁵⁰ *Ibid.*, 415.

⁷⁵¹ *Ibid.*

⁷⁵² *Ibid.*, 414; *afrancesado* used to be a relatively neutral term to describe Spaniards of mostly liberal political leanings who followed the French style of dress or mannerisms. In the War of Independence, the term became loaded with associations of treason and collaboration with the occupying forces.

liberal exiles.⁷⁵³ After a brief respite during the liberal period of 1820–1823, a second wave of liberal exiles was forced to leave the country for the enclaves of Bordeaux and Marseille with the restoration of absolutist rule.⁷⁵⁴ While the advent of Isabel II's more liberal regime in 1833 allowed many of the exiles to return, marking a period of slow recovery in the sciences, only the most important European medical innovations were introduced, usually by private enterprise of individuals or small groups of medical men.⁷⁵⁵

As far as medical education was concerned, the introduction of surgical schools before 1808 had effectively created two main rival branches of medicine: the university-trained physician and the surgeons trained in the new schools, though by 1834 a complex variety of disparate practitioner categories still existed, making any consensus among the medical profession impossible.⁷⁵⁶ The French had resolved this problem through the new *École de Santé* that centralized physicians' and surgeons' education. In Spain however, the "period of catastrophe" had made such a step impossible, so no unity of education—let alone profession—could be considered before 1843, when the first study plan was introduced by the government, confirmed by the royal decree of

⁷⁵³ Javier Sánchez Zapatero, "Implicaciones Históricas, Literarias y Léxicas del Exilio en España: 1700–1833," *Tonos, Revista Electrónica de Estudios Filológicos* 15 (2008), <http://www.tonosdigital.es>, last accessed 1 July 2012.

⁷⁵⁴ *Ibid.*

⁷⁵⁵ López Piñero, *Ciencias médicas básicas*, 241.

⁷⁵⁶ Delgado, "Disensión Médica," 17.

1845.⁷⁵⁷ In 1857 the law of public instruction, known as the *Ley Moyano* after the minister who introduced it, finally established clear rules for medical education. Medicine became one of six new faculties entitled to confer the titles of *Bachiller*, *Licenciado* and *Doctor*, with determined lengths of study and a specific curriculum required for each degree.⁷⁵⁸ It would remain the basis of medical education until the second half of the twentieth century.⁷⁵⁹

Most notably, the new regulations dispensed with the large variety of different medical classes and titles, requiring each medical graduate to be examined in both surgery and physic. It also limited the universities able to offer the lower degrees to nine, the doctorate only attainable at Madrid's Central University. In order to practise, a student had to complete a minimum of five years to gain the title of *Bachiller* (at a cost of 400 Rs., about £4/3/4d at the time or ≈£190 in 2005), after which he was able to apply for examination for the title of *Medico-cirujano habilitado* (the lowest rank of authorized practitioners in medicine and surgery, costing a further 1,500 Rs. ≈ £714 in 2005), though this would only entitle him to practise in localities of "no more than 5,000 souls."⁷⁶⁰ After seven years, including the study of Latin and Greek, he could be

⁷⁵⁷ [Pedro José Pidal], *Plan de Estudios decretado por S.M. en 17 de Setiembre de 1845...* (Madrid: Imprenta Nacional, 1845).

⁷⁵⁸ [Claudio Moyano Samaniego], *Ley de Instrucción Pública Sancionada por S. M. en 9 de Setiembre de 1857* (Madrid: Imprenta Nacional, 1857), Sec. I, Tít. III, Ch. I, Art. 31–32 and 38–42.

⁷⁵⁹ López Piñero, *Medicina en la historia*, 416.

⁷⁶⁰ [Moyano Samaniego], *Ley de Instrucción Pública*, Sec. 1 Tít. III, Ch. I, Art. 39, 16.

examined for the grade of *Licenciado* (3,000 Rs.≈ £1428 in 2005), enabling him to practise as a fully qualified physician or surgeon anywhere in the kingdom, while a doctorate required a further year or two of studies, including history of medicine, at the central Madrid University at an additional cost of 3,000 Rs.⁷⁶¹ As a result of this central organization, no difference existed between the prior education received by the ‘ordinary’ physicians and surgeons and that undertaken by those who would eventually turn to homœopathy.

As mentioned in **chapter 2**, Madrid’s homœopaths under Nuñez had attempted to introduce homœopathy by Royal decree as an officially sanctioned part of medical education at Madrid’s medical faculty in 1848. Success would have made homœopathy an obligatory part of medical education at the most prestigious Spanish university, the only one able to grant doctorates.⁷⁶² However, neither of the two decrees had tangible results and so homœopathy remained outside the official medical curriculum. This included practical courses, essentially tying physicians’ and surgeons’ medical education to a hospital ward. In the case of the newly established Madrid medical faculty, which had emerged out of the old *San Carlos* school of surgery, courses were at first held at the faculty’s own wards inside the General Hospital, due to an

⁷⁶¹ Ibid., 66.

⁷⁶² This would not change until the *Ley de Ordenación de la Universidad española* 1943, enabling other universities to offer studies, though still not doctorates as these remained exclusive to Madrid until 1954.

administrative anomaly: the hospital itself fell under the auspices of the ministry of Public Works (*Ministerio de Fomento*) while the faculty was the responsibility of the Ministry of Public Instruction (*Ministerio de Instrucción Pública*). In 1868 these wards were returned to the hospital in exchange for the faculty's continued use of the institution for teaching purposes.⁷⁶³ The decree's wording leaves little doubt that financial motivations were behind this step, as the faculty's clinic had "hardly provided students of the two clinical courses an opportunity to observe some of the most common diseases," despite incurring high costs.⁷⁶⁴ This strange lack of cases might of course have been due to the hospitals' staff who, resentful of the faculty's intrusion, were rumoured to advise patients to resist transfer to the faculty wards, where they'd become objects of study.⁷⁶⁵ In any case, the faculty's wards were abolished by decree and the courses of clinical medicine and surgery; general; obstetric; women's and children's pathology were to be sited in the general hospital wards, though remaining under five faculty professors' responsibility.⁷⁶⁶ It seems that despite such administrative adjustments on paper, the reality of practical medical education was still lacking: as late as 1884, one of the homœopathic hospital's doctors wrote in a general medical journal about the shortcomings he perceived in Madrid's offerings

⁷⁶³ *El Siglo Médico, Colección legislativa de El Siglo Médico...* (Madrid: Pascual Gracia y Orga, 1869), 110.

⁷⁶⁴ *Ibid.*, 109

⁷⁶⁵ F. Pérez Peña, *Los últimos clínicos de San Carlos* (Madrid: Vision Net, 2005), 99.

⁷⁶⁶ *El Siglo Médico, Colección legislativa*, 110.

to medical students, who had to rely on private contacts and the generosity of established specialists in the field:

Still one must protest and always keep protesting that it should be possible to graduate as a doctor in medicine and surgery without ever having seen a single case of measles: still it is necessary to protest and demand clinics and more clinics, and it is equally necessary to let it be known that the young man who, like yours truly, wishes to learn something about diseases of the eyes, must impose on the kindness of a Dr. Osío, for example, or if he wants to know diseases of the skin, recommendation for Dr. Olavide, or if syphilography, with some other specialist.⁷⁶⁷

As for the importance of hospital appointments, there is no evidence of a similar attitude as was the case in Britain, though as all clinical positions at the large government-administered general hospitals were appointed by public contest, they might automatically have reflected the practitioner's perceived superior ability.⁷⁶⁸ The institutions themselves certainly would not have helped increase a physician's reputation, Madrid's hospitals being notorious for a lack in basic cleanliness and high death rates. In fact the hospital as an institution was not popular in nineteenth-century Spain with many, including doctors, convinced that home-care was preferable in all cases to hospitalization, even for the poorest of patients.⁷⁶⁹ The pioneer of Spanish charity reform, Concepción Arenal, was an ardent critic of contemporary

⁷⁶⁷ [Rodríguez Pinilla], "La enseñanza de la medicina en Madrid," *Revista Hahnemanniana* 1 (1884), 376.

⁷⁶⁸ Hospital General, *Reglamento Interior del Hospital General* (Madrid: Oficina Tipográfica del Hospicio, 1863), 21.

⁷⁶⁹ Arenal, "La Beneficencia," 105.

hospitals: they did not offer the assistance patients needed, as doctors utilized them as demonstration objects, operating upon them without reason or consultation and those who succumbed would have even their cadavers profaned.⁷⁷⁰ But even medical men saw the hospitals with little enthusiasm. In 1849, an article examining the state of hospitals lamented their bad administration, where the attention to patients was often secondary to the decoration of those public areas seen by important visitors. Moreover, the author was critical of the lack of influence doctors had in the government of such institutions: Madrid's *Hospital General's* laws stipulated twenty-one *clerics* for the patients' spiritual succour, yet their physical needs were left to a handful of trainee practitioners.⁷⁷¹

In summary, the Spanish hospital did not enjoy a great reputation, reflecting less the charitable institutions found, for example, in Germany and Britain and being more reminiscent of the eighteenth-century Parisian Hôtel-Dieu, striking fear into those who were taken there.

5.2.2 ***Medical Education at the IHHSJ***

Spanish homœopaths were keenly aware of the lack of *specific* education available to them, even before study plans were set in stone by the aforementioned government decrees of 1843, 1845

⁷⁷⁰ Ibid.

⁷⁷¹ F.M.A., "Beneficencia Pública; Artículo III; Estado actual de la Beneficencia en España," *BMCF*, 3rd ser., 4 (1849): 137.

and 1857. While they could receive the same education as any other medical student, those interested in pursuing homœopathy found themselves left to their own devices. José Sebastian Coll, practising in the city of Toro (Zamora),⁷⁷² wrote about this situation in January 1840, expressing his belief that it was of utmost importance for those venturing into homœopathy for the first time to have experienced practitioners at their side to guide and assist them, ensuring that they did not desist from homœopathic practice purely on the basis of a failed cure, due to the wrong choice of remedy dictated by inexperience:

Often beginning homœopathists administer in a particular case, without effect, the same remedy that produced a swift and safe cure in another, to their eyes, identical case.⁷⁷³

The SHM had always intended to establish an official program of homœopathic study. The very first rule of its laws, published in 1846, already expressed the society's fundamental aims as defence and education of homœopaths.⁷⁷⁴ At first, this was attempted through successive Royal decrees authorizing the establishment of a chair of homœopathy in Madrid's Medical Faculty, none of which bore fruit, as mentioned previously, due to the faculty's refusal to honour such orders. Despite such setbacks, an educational activity

⁷⁷² Vinyals Roig, "Introducción de la Homeopatía en España," in *International Homeopathic Council 1924*, ed. Academia Médico-Homeopática de Barcelona (Barcelona, AMHB, 1924), 304.

⁷⁷³ José Sebastian Coll, "Homeopatía: Ventajas de la medicina homeopática; casos prácticos y reflexiones en su apoyo," *BMCF*, 2nd ser., 1 (1840): 5.

⁷⁷⁴ Sociedad Hahnemanniana Matritense, *Reglamento*, Ch. 1, Art. 1, fol. 2^r, IHHSJ Arch.

of sorts was made available to would-be homœopaths, as well as to those who were simply curious to see this practice being applied. Long before achieving the construction of a hospital, the *SHM* ran a daily free dispensary, where society members treated poor patients and where enquirers could observe first hand the action of homœopathic remedies or train further if they had some little experience of homœopathy themselves.⁷⁷⁵ Yet it was clear to all that a true hospital was needed if they were to achieve the longed-for homœopathic reform in medical education. In 1864, Anastasio García López (1823–1897) wrote about the need for a hospital, not just to benefit the poor but also for the theoretical and practical teaching of homœopathy. Since the medical faculties appeared to anathemize against it, the hospital was necessary not just to fill the current vacuum in the medical faculties but also to ensure that all those practising homœopathy did so following legal requirements set out for it.⁷⁷⁶

A brief period of respite and optimism occurred during the six years between the September revolution of 1868 and the Bourbon restoration of 1874, courtesy of the new government's freedom of education laws.⁷⁷⁷ Encouraged by this new freedom of teaching,

⁷⁷⁵ "Sección Oficial: Sesión publica celebrada el día 10 de Abril en conmemoración del natalicio de Hahnemann en el 106 aniversario," *ECM* 2 (1861): 151.

⁷⁷⁶ García López, "Necesidad de un hospital homeopático para los pobres y de la enseñanza teórico-practica de la homeopatía," *ECM* 4 (1864): 562.

⁷⁷⁷ Manuel Ruiz Zorrilla, "Decreto, fijando el día 1.º de Noviembre para la apertura del curso académico de 1868 a 1869 en las universidades y establecimientos públicos de enseñanza, y determinando la legislación que ha

García López started a course of homœopathy at the University of Salamanca in January 1871, the staunch opposition from the medical faculty requiring the university's rector to intercede on García López's behalf. Many medical students attended these classes, despite apparently thinly veiled threats "disguised as advice" from their professors.⁷⁷⁸ In the end, García López's would remain the only homœopathic course taught at a Spanish university, the opposition—despite all government-assured freedoms—being too strong.

By 1872, with the most recent Royal order in favour of homœopathic university positions having again brought no tangible results, Nuñez and the society resolved to construct their own institute and hospital, intending to achieve through private enterprise and charity what had been denied to them by government support and the public purse. The plan, showing a highly unusual group effort—something at that point unthinkable for the rest of the medical profession who, much to the medical press's distress, had spent decades mired in infighting—even earned them grudging admiration from the *Pabellón Médico*, who applauded "the enthusiasm and lack of self-interest of Hahnemann's persevering disciples."⁷⁷⁹ Once again the ambition

de regir en esta materia," in Ministerio de Gracia y Justicia, *Colección Legislativa de España (continuación de la colección de decretos) Edición Oficial Segundo Semestre 1868*, Vol. C (Madrid: Imprenta del Ministerio de Gracia y Justicia, 1868), 416–424.

⁷⁷⁸ Álvarez "Curso publico de Homeopatía," 71.

⁷⁷⁹ "Gacetilla: Hospital homeopático," 215.

to extend the hospital's activities beyond treating patients was clear. The first laws of the hospital, authorized in 1878 and published in 1880, referred to the "San José Hospital and Homœopathic Institute of Madrid."⁷⁸⁰ Simultaneously, the SHM altered its own laws accordingly: in an echo of the 1868 freedom of education laws, any member of the society (and distinguished outsiders) would be able to apply for the right to teach a subject of general medicine or homœopathy at the new institute.⁷⁸¹

With the new hospital opened, in September 1878 the Madrid homœopaths undertook the first step in finally achieving their academic ambitions. Unlike their London counterparts, they found little problem in getting their classes publicized to the wider medical profession through their journals.⁷⁸² Nuñez even succeeded in obtaining a government subsidy for his school, to the amount of 10,000 pesetas (as was announced in the official *Gaceta de Madrid*), much to one medical journal's displeasure:

And what can be taught in that hovel hitherto destined to be a homœopathic hospital ...? And what title should be given to those who follow those studies? ... The building was good enough to be some sort of hospital, destined to contain some starving healthy persons or half a dozen mild cases; but it has no use at all as a school.⁷⁸³

⁷⁸⁰ SHM, *Reglamento* (1880).

⁷⁸¹ García López and Álvarez, "Sección Oficial Sociedad Hahnemanniana Matritense," *ECM* 19 (1878): 129.

⁷⁸² "Crónicas," *Anfiteatro Anatómico*, 7 (1879): 202.

⁷⁸³ Somoza, "Mas sobre la escuela homeopática," *El Siglo Médico* 25 (1878): 501.

The Institute's first academic year, starting on 12th November 1878 and ending in May 1879, was divided in two distinct courses. The first contained an introduction to the homœopathic doctrine, as well as classes on homœopathic therapeutics, materia medica and practical clinical teaching on medical and surgical pathology. The second course concluded the materia medica classes and offered general medical and surgical clinical teaching in the wards. Theoretic classes were held alternately Mondays to Thursdays from 10.30am, while practical teaching was daily between 9am and 10am.⁷⁸⁴ Each student was required to pay an inscription fee of 50 pesetas,⁷⁸⁵ though society members could assist to all classes free of charge. Moreover, in what seems to have been intended as a convenient way of publicizing the courses beyond their ordinary reach, members were entitled to bring a guest, whose admission was limited to one lesson.⁷⁸⁶ There were to be four professors in charge of these courses, with two supernumeraries to replace them in case of necessity, each professor receiving an annual stipend of 2,000 pesetas.⁷⁸⁷

⁷⁸⁴ Álvarez, "Sesión literaria del 11 de noviembre de 1878," 529.

⁷⁸⁵ "Anuncios," *ECM* 19 (1878): 504–505; 50 ptas. = 200 Rs. ≈ £100 in 2005.

⁷⁸⁶ Álvarez, "Sesión literaria del 11 de noviembre de 1878," 529–530.

⁷⁸⁷ "Nómina de Catedráticos y Supernumerarios 1879," Caja Facturas / Nominas / Ingresos 1879/9/80, Sobre 3, fol. 1^r, IHHSJ Arch.

Instituto Homopático.

Relacion del numero de alumnos matriculados en este Instituto para el curso de 1881 a 1882.

N. ^o	Nombres y apellidos	N. ^o	Nombres y apellidos
1	D. José María Anton Hernandez	17	D. Simplicio Ingo y Vidal
2	D. José Vaquero Trasarie	20	D. Alfonso Venastegui Perez
3	D. Vicente Sanchez Hernandez	21	D. Cesar Probst de la Cruz
4	D. Ricardo Sevilla Gindolt	22	D. Marcial Pereira y Novoa
5	D. Didimo Camporano Gomez	23	D. Adalberto Perez y Adan
6	D. Manuel de la Guardia y Bao	24	D. José Opela y Barona
7	D. Luis Barria y Niro	25	D. José Garrido Peromartin
8	D. Saturnino Hernandez Ubrilla	26	D. Ramon Alonso y Peral
9	D. Manuel Ester Arbiel	27	D. Enrique Obregon y Cappa
10	D. Manuel Rodriguez Intilini	28	D. Eduardo Leta Cornsle
11	D. Diego Pascual Lobon	29	D. Angel Bilbao Equileor
12	D. Maximino Paterno Ignacio	30	D. Nicolas Saex y Saex
13	D. Antonio Paterno Ignacio	31	D. Ramon Garcia Cresco
14	D. Vicente Gonzalez Minina	32	D. Diego Rodriguez Ruiz
15	D. Graciano Lopez Saena	33	D. Esteban Mingue Alamo
16	D. Francisco Fernandez Gomez	34	D. Narciso Lopez y Lopez
17	D. Juan Boyal Pical	35	D. Pedro Juan y Bañon
18	D. Hipólito Rodríguez B. Pinilla	36	D. Pedro Legar Perez

Figure 5.4: First page of a list of Students inscribed at the IHHSJ for the year 1881/1882, including Hipólito Rodríguez B. Pinilla (?–1936), who would become Spain's first professor for medical hydrology in 1913 and an influential member of the Royal National Academy of Medicine.

Clinical teaching seems to have followed the German and French models far closer than was the case in England: in an article detailing the case of a male patient, the entire clinical history was in fact reproduced by one of the students, the “alumno observador” (observing pupil) José Sillero (?–?) in charge of observing the patient. The professor in charge of the ward only

gave his opinion and considerations about the case at the end of his pupil's observations, showing that a certain degree of responsibility was given to students in their practical studies.⁷⁸⁸

More details are provided in Pellicer's description of the different courses taught in 1882, which provides a snapshot of a typical clinical practical class: the students accompanied the physician in charge, together with the attending nun and, in the male ward, the *enfermeros*. Each new case was closely examined:

The professor questions the patient about the antecedents and causes of their disease, examines them in as much detail as the case requires, calling the student's attention not only upon the antecedents and current state of the individual, but upon those particulars to be considered for the diagnosis and the choice of appropriate remedy. The professor encourages them to examine the patient closely themselves and to voice any doubts, after giving their opinion... When the cases are notable for their originality or seriousness, a student-doctor is charged with the frequent observation of the patient, taking the necessary notes to eventually give a full clinical history.⁷⁸⁹

Since the students, most of them already qualified doctors, had to have completed the theoretical courses by the time they were allowed to walk the wards, this allowed them to test their learning in practice, Pellicer being adamant that the clinic was "the touchstone of taught medicine, where all truth appears in all purity."⁷⁹⁰ Returning full circle to Coll's 1840 complaint about the difficulties faced by young homœopaths, Pellicer described the

⁷⁸⁸ José Sillero, "Instituto Homeopático," *ECM* 20 (1879): 72–80.

⁷⁸⁹ Tomás Pellicer, *Informe*, 6–7.

⁷⁹⁰ *Ibid.*, 8.

streamlined process followed in the *Instituto* as allowing students to learn in two years what he and his colleagues had taken twenty years to grasp, having been isolated with only Hahnemann's first books for company.⁷⁹¹

It is clear that some of homœopathy's detractors misunderstood—possibly deliberately—the purposes and systems in play at the homœopathic institute. In November 1878, as the Institute began its first course, a discussion ensued at the Madrid medical professional congress regarding the rules of admission to their newly created medical college, which would not recognize anyone possessing only the title “doctor homeopático” (homœopathic doctor). Some members of the congress were worried that, as the homœopathic institute issued its successful students with titles (see figure 5.5) and since these were advertised in the government's official *Gaceta*, it would be understood by the public that such homœopaths were “official doctors.”⁷⁹² The horrifying prospect of being confused with such pretenders required reassurance that the “hospitalillo” (little hospital) of Chamberí did indeed issue titles, but that these were essentially worthless as they were issued by a private body. It was argued that the hospital had the same rights to name doctors as one had of elevating one's cook to “doctor of the culinary arts.”⁷⁹³

⁷⁹¹ Ibid.

⁷⁹² Prieto, “Un incidente,” *El Siglo Médico* 25 (1878), 729.

⁷⁹³ Ibid.

LEY TERAPÉUTICA DE LA SIMILITUD

INSTITUTO HOMEOPÁTICO DE MADRID.

Por CUANTO D. _____ de _____ años de edad,
 natural de _____ provincia de _____, ha acreditado en debida forma
 en este Instituto, en el día _____ de _____ que tiene los conocimientos necesarios
 para obtener el título de **Médico Homeópata.**
 El Claustro de Catedráticos de este establecimiento acordó expedirle el presente Diploma, que le
 autoriza para ejercer la Medicina Homeopática.

Dado en Madrid, á _____ de _____ de 18 _____

Firma del interesado: _____

El Director,

El Secretario,

Registrado en folio _____ número _____ del libro _____

DINAMISMO VITAL

EXPERIMENTACION FISIOLÓGICA DE LOS MEDICAMENTOS

DINAMIZACION Y DOSIS MINIMAS DE LOS MEDICAMENTOS

Figure 4.5: “Médico Homeópata” (Homœopathic Doctor) diploma awarded by the IHHSJ to successful students after completing the two-year postgraduate course.

In fact, the *Instituto Homeopático de Madrid*, unlike its London counterpart, welcomed even non-medical pupils to its courses, at least initially. Perhaps this was due to some extent to Nuñez's own unusual early medical career. However, admission rules were very clear on the division that existed between qualified and non-qualified pupils: Those who were doctors or held the degree of *licenciado* in medicine and surgery of a Spanish medical faculty had the right to be examined for the diploma and title of "medico homeópata" (homœopathic physician) at the end of their course.⁷⁹⁴ This title, despite what the above-mentioned allopaths feared, was of course technically worthless, as the *Instituto* was not legally authorized to grant official titles, but the symbolic value of a homœopathic degree given by the first homœopathic school in the kingdom may well have proved sufficient of an incentive for many, particularly considering how such a diploma would be viewed by potential patients. At the same time, the homœopaths were very careful not to devalue their 'degrees': those who wished to learn homœopathy but lacked the necessary medical qualifications could be examined, though they would only receive certificates of examination for each of the subjects they had taken.⁷⁹⁵ While this second class of students was probably mainly intended to accommodate those who had not yet finished their ordinary medical studies, as well as pharmacists and veterinarians who did not fall under the same licensing regulations as medical

⁷⁹⁴ "Anuncios," *ECM* 19 (1878): 504.

⁷⁹⁵ *Ibid.*

INSTITUTO HOMEOPÁTICO

Número de orden.	2.º Curso ASIGNATURAS.	
6	Materia Medica	<p>Don <i>Hipólito Rodríguez Pinilla</i> matriculado en este Instituto en las asignaturas expresadas al margen ha satisfecho en la Secretaría del mismo los derechos de exámen pudiendo con este documento y previa la admisión del Profesor presentarse á los exámenes ordinarios en el mes de Junio próximo ó en otro caso á los extraordinarios de Setiembre.</p> <p style="text-align: right;">Madrid 9 de Mayo de 1883</p> <p style="text-align: right;">El Secretario del Instituto,</p> <p style="text-align: right;"><i>M. J. Flores</i></p>
6	Medicina de Hombre	
6	Medicina de Mujer	

EXAMINADO OBTUVO LAS SIGUIENTES CALIFICACIONES.

Asignaturas.	Calificaciones.	Día en que se examinó
Materia Medica (2.º curso)	Id.	11 de Mayo 83
Chem. Med. (2.º curso)	Id.	11
Id. Quirúrg. (2.º curso)	Id.	11

Figure 5.5: Academic record of the student Hipólito Rodríguez Pinilla, entitling him to be examined in Materia Medica, Men's and Women's Clinical Medicine in June 1883.

practitioners, there is no evidence to suggest that interested laymen would have been turned away initially. In fact, it was all but explicitly stated in the *Criterio Médico's* spirited defence of the school against the accusations of favouring rampant *intrusismo* (practice without qualification) in medicine, stating that they merely wished for people to understand homœopathy and be able to use it on themselves and their families in cases where the levity

of the complaint did not warrant resorting to a doctor.⁷⁹⁶ This decision was soon reversed, however, so that in the second year only medically qualified men and those inscribed in one of the official medical faculties were able to be examined.⁷⁹⁷ The result seems to have been a drop in students, from seventeen in the first year to nine in the second, though the numbers recovered in 1880/1881 when twenty-two were inscribed.⁷⁹⁸ In essence therefore the school did indeed turn out “homœopathic doctors” as the allopaths feared, though in reality only those already legally entitled to practise medicine in any case would be granted said title. While initially being more open to non-medical practitioners than Quin had ever envisaged in Britain, Nuñez’s school was nonetheless careful to maintain the legitimacy of homœopathic practice, restricted to those who could also legitimately practise allopathy.

The activities of the Instituto appear to have continued successfully until at least the early 1900s,⁷⁹⁹ with student numbers reaching twenty-two in some years.⁸⁰⁰ While the inscription became free of charge from 1884 and prizes of 250 *pesetas* were awarded to the four best students of each year,⁸⁰¹ from 1886 the

⁷⁹⁶ “Variedades,” *ECM* 20 (1879): 476.

⁷⁹⁷ García López, “Historia del Instituto Homeopático y Hospital de San José, de Madrid,” *Boletín Clínico* 1 (1880): 120.

⁷⁹⁸ *Ibid.*

⁷⁹⁹ “Sección de Noticias,” *El Imparcial* (Madrid), 12 October 1904.

⁸⁰⁰ “Variedades,” *ECM* (1885): 336.

⁸⁰¹ Pellicer and Manuel Flores, “Curso de 1884 a 1885,” *Revista Hahnemanniana* (1884): 288.

annual 10,000 *pesetas* hitherto granted by the government were withdrawn, causing a great dent in the institution's finances.⁸⁰² The financial troubles that eventually affected the hospital also required the institute's teachers to occasionally forgo their pay: in 1890, the Patronato discussed reinstating their 2,000 *pesetas* stipend which had been suspended due to a lack of funds.⁸⁰³

Internationally, the students seem to have been highly regarded: in 1884, Fernando Gil Ortega (?-?), one of the institute's graduates, was elected member of the Parisian *Société Hahnemannienne* and honorary physician to the city's Hahnemann Hospital, an achievement he attributed entirely to his teachers in Madrid.⁸⁰⁴ The school's prestige seems to have fallen through the first half of the 20th century though, the *Sol de Meissen* lamenting in 1933 that any medical man desirous to learn homœopathy was now required to go abroad as the Madrid school, once the seat of homœopathic luminaries, no longer reflected its past glories and had increasingly distanced itself from the advances made internationally in the field of homœopathic medicine.⁸⁰⁵

⁸⁰² "Los Presupuestos y la Homeopatía," *ECM* (1886): 268–270.

⁸⁰³ *Actas* 1, 28 September 1890.

⁸⁰⁴ "Honores Merecidos," *Revista Hahnemanniana* (1884): 15.

⁸⁰⁵ [M Torres Oliveros], "La Homeopatía y el próximo Congreso Homeopático," *El Sol de Meissen* 5 (1833): 282.

5.2.3 *The Homœopathic Press in Spain, Prior and Contemporary to the IHHSJ*

Homœopathy in Spain had little to envy its British counterparts when it came to leaving behind a printed record of their activities. Bookended by the previously mentioned *Archivos Homeopáticos* in Cadiz from 1835—consisting exclusively of translated articles from foreign homœopathic journals—and the *Propagador Homeopático*—appearing from 1896 under the auspices of the IHHSJ—Fernández Sanz and Antón Cortés have identified no less than thirty-two distinct Spanish homœopathic journals published during the nineteenth century.⁸⁰⁶ Some of these, such as the *Duende Homeopático* (1st to 20th November 1850), appeared for only a few short issues while others lasted many decades, providing an almost continuous chronicle of Spain's homœopathic history.⁸⁰⁷

Seven of these publications are particularly relevant to this study, as they were—sometimes intermittently—linked to the *SHM*, to the hospital or both. Furthermore, these publications represent a nearly unbroken timeline since, being published as official organs of the *SHM*, they almost seamlessly morphed into each other, with few gaps between titles. The first of these, issued from 1846, is the society's *Boletín Oficial*, directed by Nuñez himself.⁸⁰⁸ This journal,

⁸⁰⁶ Fernández Sanz, *Prensa Homeopática*, 213–217; Unless otherwise noted, all details about homœopathic journals in this section are based on this extensive bibliographic survey of homœopathic periodicals in nineteenth-century Spain.

⁸⁰⁷ *El Duende Homeopático* (Madrid: Imprenta de L. García, November 1850).

⁸⁰⁸ *Boletín Oficial de la Sociedad Hahnemanniana Matritense* (Madrid: Establecimiento Tipográfico de don Francisco de Paula Mellado, 1847).

containing both original and translated scientific articles, official society business and ‘miscellaneous’ news from the homœopathic and non-homœopathic world, was published between 1846 and 1851. From the beginning, the journal benefited from what can only be called a form of protectionism against other homœopathic publications, at least amongst the *SHM*’s members: all except the founding and corresponding members were required under article 14 of the society’s laws to subscribe to the journal.⁸⁰⁹ In stipulating such a requirement, the society ensured that sufficient funds would be available to make the publication viable, but also indirectly ensured that, if a choice was to be made between publications to subscribe to, a member (and it was Nuñez’s fervent hope that all homœopaths in Madrid and beyond should become members) was forced to choose that which best reflected the society’s own official opinions. Considering that at the time of publication, another homœopathic journal (*La Homeopatía*) edited by Pio Hernández y Espeso (?-?) already existed in Madrid, its pages often diametrically opposed to the ideological currents present in the *SHM*, this protectionist attitude is understandable.⁸¹⁰ Further considering that the first article to appear in the *Boletín* was one concerning the high dilutions in homœopathy, a subject that remains controversial among different homœopathic schools to this day and was certainly hotly debated in the nineteenth century, it can be assumed that the

⁸⁰⁹ Sociedad Hahnemanniana Matritense, *Reglamento*, 14.

⁸¹⁰ Fernández Sanz, *Prensa Homeopática*, 128.

editors, or at least Nuñez, had always intended a certain amount of partisan persuasion of their readers.⁸¹¹ The journal also contained regular updates and reports on homœopathic hospitals abroad, reprinting their statistics and generally preparing the ground for the Spanish homœopaths' own demands in this respect.

In 1852, the *Boletín* was renamed *Anales de la Medicina Homeopática*. The name change might have been an attempt on the one hand to distance the journal and its editors (who remained the same, still under the directorship of Nuñez) from the many discussions between the *Boletín* and its opponents, both from the allopathic side and from its homœopathic contemporaries, but also possibly to dissociate the journal somewhat from its Madrid-centric image, making it appear more inclusive of provincial homœopaths and sympathizers. In any case, the editors themselves announced this journal to be intended not as a forum for discussion but as a textbook, a work of purely didactic use.⁸¹² Unlike its predecessor, the *Anales* seems to have entered the Baillière distribution network, subscriptions being available through the Bailly-Baillière Madrid bookshop (established by Jean-Baptiste Baillière's nephew), which suggests the possibility of the

⁸¹¹ Nuñez Pernía, "Mi opinión sobre las dinamizaciones altísimas," *Bol. SHM* 1 (1847): 5–11; See also González-Carbajal García, *Homeopatía*, 239–311 about the different ideologies in 19th century Spanish homœopathy through their main representatives, which includes the high and low dilutions, mother tincture and trituration debates as well as the choice of eclecticism and occasional use of allopathic medicine as practised by Hysern, versus the pure 'Hahnemannism' advocated by Nuñez and his followers.

⁸¹² "Introducción," *Anales MH* 1 (1851): 7.

journal receiving a wider international distribution. It certainly achieved more than fifty international subscribers in its first year, which for a Spanish language journal of its class was not inconsiderable.⁸¹³ The journal's editors also maintained an active exchange with other international publications, evidenced by their international news reporting and the occasional acknowledgement of new publications from Europe, South America and the United States.⁸¹⁴

With the advent of Madrid's own cholera outbreak in 1854, the *SHM* also briefly edited a specialized journal, possibly the only one of its kind, dealing exclusively with the disease: The *Gaceta Homeopática del Cólera Morbo* (figure 5.7) made use of the knowledge homœopaths had gathered about the disease through the work of Hahnemann, Quin and others, publishing advice on homœopathic prophylaxis and reports of homœopathic treatment results around the kingdom. Having fulfilled its purpose, it ceased publication with the end of the outbreak.

The *Anales* continued until 1857, a year that González-Carbajal García describes as symptomatic of the exhaustion Spanish homœopaths felt due to the continued animosity of their contemporaries from the "official" school.⁸¹⁵

⁸¹³ Fernández Sanz, *Prensa Homeopática*, 160.

⁸¹⁴ For example, in 1870, the editors began exchanging journals with the *Sociedad Hahnemanniana Argentina*.

⁸¹⁵ González Carbajal, *Homeopatía*, 170.

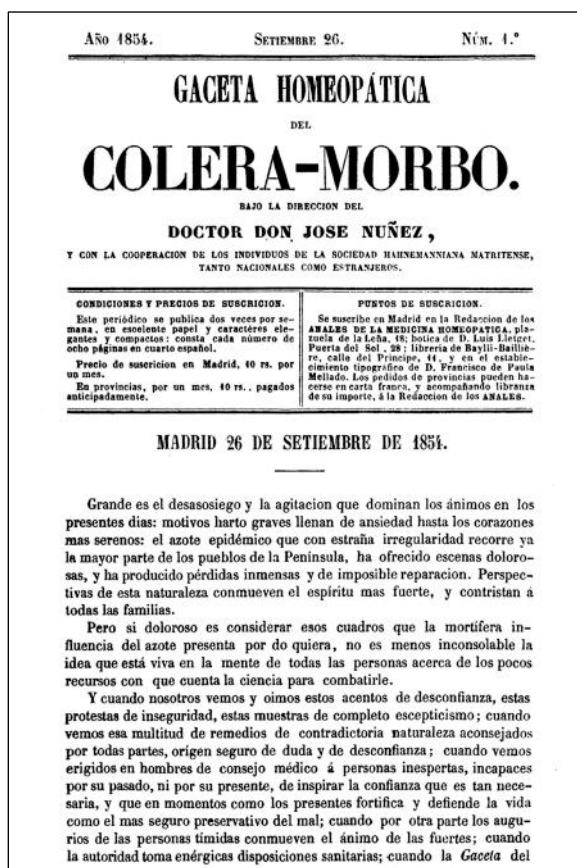


Figure 5.7: Front Page of the “Gaceta del Cólera Morbo,” 1854.

The fact that by this point two Royal decrees in favour of homœopathy had been obtained without tangible results cannot have failed to dampen spirits. Nonetheless, the SHM continued its meetings and promised to publish its transactions even though the *Anales* had ceased.⁸¹⁶

In 1860, the society’s reorganization was also accompanied by a new official journal, *El Criterio Médico*, again edited by Nuñez until his death.⁸¹⁷ Fernández Sanz deems this to be the moment of

⁸¹⁶ Ibid.

⁸¹⁷ *El Criterio Médico* (Madrid: 1860–1889).

homœopathic periodical publishing reaching its maturity, the *Criterio Médico* representing the “most solid journalism,” not just due to its uninterrupted run of thirty years but also for the breadth and quality of its editorial content, supposedly never again equalled to the present day.⁸¹⁸ It would of course also be a source of constant campaigning for the establishment of a homœopathic hospital. Once the hospital was opened and the society due to move into the rooms reserved for its business within the building, the journal remained under a separate address (Calle de Sevilla, 4 y 6, 2nd floor), though as the official publication of the SHM it would also become the hospital’s official journal. This is clear by scanning the content of the *Criterio Médico* during the first years of the hospital’s existence, in which time the editorial content was expanded to accommodate regular case histories from the hospital, the institution’s patient statistics and other general business. Nuñez’s death in 1879 and the ensuing acrimonious relations, examined in **chapter 3**, between those he had designated trustees of the hospital in his will and the leadership of the SHM marked a turning point in the relations between the hospital and ‘its’ journal, resulting in a change of directorship in 1881 from García López (friend and supporter of Nuñez) to Zoilo Pérez García (?-?), aligned with Hysern. With increasingly negative coverage, including by 1880 openly questioning and even denouncing the supposed mismanagement and finances of the

⁸¹⁸ Fernández Sanz, *Prensa Homeopática*, 69.

institution, the hospital's management increasingly distanced themselves from the SHM and its journal, opting instead for publishing their own periodical, the *Boletín Clínico del Instituto Homeopático de Madrid* from 15th January 1881.⁸¹⁹

Edited by the institute's director Tomás Pellicer, the *Boletín* promised to steer away from polemic but also from homœopathic doctrinal articles, to become an organ for the hospital and institute to publish cases, statistics and other useful clinical information and discoveries arising from the work in its wards and public dispensary. An unmistakeable barb aimed at Pérez García's editorial style can be found between the lines in the very first issue's introductory words: Pellicer explicitly distanced himself and the *Boletín* from "the domain of personalities, ... diatribes and libels," extolling his publication's intentions to keep any arising scientific discussions "courteous and dignified" at all times, without resorting to language that would only blur the true objective of such discussions: "to enlighten public opinion about that which each party considers the most truthful and harmonious to the progress of science."⁸²⁰ At the same time, the article seemingly responded directly to the accusations of mismanagement of funds levelled at the trustees by their rival publication, while reassuring those who had donated funds or

⁸¹⁹ *Boletín Clínico del Instituto Homeopático de Madrid* (Madrid, 1881–1883).

⁸²⁰ La Redacción, "Nuestros Propósitos," *Boletín Clínico* 1 (1881): 2.

were considering doing so by promising full regular disclosure of all relevant details:

Details belonging to the establishment's finances, describing the funds in its possession, those obtained by the Ladies' Association, the interests and donations at its disposal as well as the funds' investment, with the aim of informing all those who contribute to the support of this charitable institution about the way in which it is administered.⁸²¹

It seems the good intentions with regards to financial transparency were just that, as details were actually sparse in subsequent issues. On the other hand, while apparently not engaging in open hostile discussions, the first few numbers also included a complete history of the institute and hospital's creation, written by Anastasio García López, which was clearly aimed at bolstering the perception of legitimate ownership and management of the institution among the journal's readership, while simultaneously undermining the SHM's own claims. It is clear that the hospital was deemed so important for Spanish (or at least Madrid) homœopathy that its ownership disputes resulted in extraordinary efforts from both sides to prove their claims. The *Boletín* further allowed those in charge of the hospital's administration to 'prove' the institution's impeccable custody, as long as its management and ownership rested squarely with the trustees chosen by Nuñez.

⁸²¹ Ibid.

Each issue also contained articles written by the various homœopaths charged with the wards and dispensary, on subjects of pathology, therapeutics and clinical cases as well as giving wider publicity to the institute's courses, with reprints of inaugural speeches and details of examinations. The journal was only published for three years, between January 1881 and December 1883, its last volume appearing in the year of Hysern's death, an event that removed one of the main instigators of discord among Madrid's homœopaths over the preceding decades.⁸²²

It is unclear exactly why Pellicer and the other editors of the *Boletín Clínico* chose to rechristen their journal *Revista Hahnemanniana* ("Hahnemannian Review") the following January.⁸²³ A certain sense of *rapprochement* with the SHM, under new leadership, can nevertheless be felt in its pages, not only through the clearly analogous title but also through the increasing publication of neutral or even positive news regarding the society's activities. In fact, in what looks like a clear message to the editors of the *Criterio Médico* and the SHM's leaders, the *Revista Hahnemanniana*'s introductory article explicitly stated that, while the journal's aims must necessarily be the advancement and protection of the institute and hospital it represented, its editors would not countenance any attacks against any "other

⁸²² "El Doctor Hysern," *Boletín Clínico* 3 (1883): 49–52.

⁸²³ *Revista Hahnemanniana* (Madrid: 1884–1886).

associations that exist in the country nowadays” to achieve such aims.⁸²⁴ Beyond this conciliatory approach, it seems that the *Revista Hahnemanniana* was less parochial than its previous incarnation: more national and international news—both homœo- and allopathic—filled its pages, as well as offers to all homœopathic colleagues to see their work and articles published and discussed if they wished to submit them for scrutiny.⁸²⁵ In summary, the editors stated their journal’s mission as unequivocally showing homœopathy’s legitimate claim to a place in the medical world:

The *Revista Hahnemanniana* will endeavor to demonstrate that homœopaths are physicians like any others and do not ignore any sort of studies relevant to their science; with which it will demonstrate that they are, before and above all, physicians.⁸²⁶

The journal was again not long-lived, announcing its closure in December of the same year, citing not only the lack of contributions from homœopaths around the kingdom (who were evidently too busy to be able to think much about theoretical contributions) but also the fact that its editorial team was by then busy in both this publication and the *Criterio Médico*, the institute and hospital clearly having reached a more cordial relationship with the *SHM*. The *Revista Hahnemanniana* resurfaced briefly in 1886 though only a few issues were published before it merged

⁸²⁴ “Nuestros Deseos,” *Revista Hahnemanniana* 1 (1884): 2.

⁸²⁵ *Ibid.*

⁸²⁶ “Nuestro Plan,” *Revista Hahnemanniana* 1 (1884): 5.

once more with the *Criterio Médico*, as its director Rodríguez Pinilla was seemingly unable to dedicate it the necessary time.⁸²⁷ The latter publication had, under Pérez García, already assumed the sub-title of “official publication of the society and the homœopathic Institute” in 1884, the two publications initially evidently being in dispute as to their respective legitimacy as the institute’s official mouthpiece.⁸²⁸ The importance of the hospital to the Madrid homœopaths was such that the *Criterio Médico* changed its sub-title once more in 1886, the society sliding into third place behind the San José Hospital and its institute. This can also be taken as an indication of how the society’s own prestige and relevance on the homœopathic scene had diminished, no longer being anything like when it could count charismatic leaders like Nuñez or Hysern (despite their differences) at its helm, the hospital instead taking up the role of beacon for at least a large part of Spain’s homœopaths.⁸²⁹ In fact the lack of strong characters willing and able to keep both the institution and the journal in motion seems to have been such that the *Criterio Médico* finally folded in 1890. A last attempt at producing a periodical publication to represent the hospital and institute was launched in

⁸²⁷ While the loss of Pinilla as a contributor is mentioned in the *Revista Hahnemanniana*, Fernández Sanz determines it as the final cause of the journal’s demise: Fernández Sanz, *Prensa Homeopática*, 196.

⁸²⁸ *Ibid.*, 171.

⁸²⁹ *Ibid.*, 172. It must be noted that there was always a rivalry between the homœopaths of Madrid and Barcelona since the establishment of an academy in the Catalan city, so the Madrid hospital was a beacon for at least the non-Catalonian homœopaths.

1896 with *El Propagador Homeopático*, though only thirteen monthly issues seem to have been produced,⁸³⁰ due to the animosity among the trustees making it impossible to reach an agreement on payment to the publisher and printer.⁸³¹

With the final issue of the *Propagador Homeopático* marking the end of journalistic activity at the hospital, its management and doctors concentrated their efforts entirely on the clinical and educational activities seen in previous sections of this study. Homœopathy did of course not disappear entirely from the Spanish press, the baton being passed almost exclusively to Catalonia, where the *Revista Homeopática Catalana* (1883–1885), the *Consultor Homeopático* (1887–1889), and the *Revista Homeopática* (1890–1913) became Spain's main printed homœopathic ambassadors.⁸³²

5.2.4 A Homœopathic Library for Madrid

Just like the BHS, the SHM held the establishment of a library and reading room very high among its priorities, third in rank in fact, making it appear a more important—or simply more realistic—immediate priority than the establishment of a hospital.⁸³³ Ignacio Oliver (?–?) was elected the society's first librarian, though by 1862

⁸³⁰ *El Propagador Homeopático* (Madrid, 1897); Fernández Sanz, *Prensa Homeopática*, 207; Neither the homeopathic hospital library nor Madrid's national library hold more than 13 issues, with the last appearing in May 1897.

⁸³¹ *Actas* 1, 3 December 1897.

⁸³² Fernández Sanz, *Prensa Homeopática*, 217.

⁸³³ Sociedad Hahnemanniana Matritense, *Reglamento*, Ch. 1, Art. 1–3.

it became clear that little progress had been made, both due to the lack of an appropriate location suited to the purpose and a lack of resources to fulfil this ambition. The society's committee requested members to consider donating books, even those not immediately related to homœopathy that, together with the large collection of periodicals and newspapers contained in the *Criterio Médico's* offices, could constitute the foundations of a proper library.⁸³⁴ This apparent initial lack of rigor in selecting books for the collection is somewhat odd as it shows less a concern for making the essential tomes of homœopathic medicine available to potential students than for having a library—any library—associated to the *SHM*, perhaps in the hope of emulating those of the famous European scientific societies of the day. In February 1868 the position of librarian (which was by then combined with that of secretary in charge of correspondence) passed to Paz Alvarez (?-?).⁸³⁵ While little more can be gleaned about the state or contents of *its* library at this time (beyond occasional mentions of some—often definitely non-medical—works being consigned to it by decision of the committee), it is clear that the society was keen to have a presence in another: a complete collection of the *SHM's* printed journals was presented to the Spanish National Library in

⁸³⁴ García López, "Memoria presentada por la Junta Directiva en la sesión de gobierno del 18 de enero con arreglo a lo prevenido en el artículo 50 del reglamento," *ECM* 3 (1862): 27.

⁸³⁵ "Sociedad Hahnemanniana Matritense," *ECM* 9 (1868): 73.

1868.⁸³⁶ All this definitely did not stem from a loss of interest in the development of a library, as can be seen by the admiration expressed in several reports for foreign institutes (particularly those of the United States) with their collections of hundreds or even thousands of books.⁸³⁷ Indeed much of the society's own collection also appears to have originated abroad at this time, the committee being in active correspondence with homœopaths around Europe and beyond, many of whom accompanied their good wishes with donations of their latest publications, added to what was by then described as an "extensive library."⁸³⁸ By 1872 again a short description was made of a library that, despite seemingly indiscriminately accepting a large variety of books on what could only be deemed irrelevant subjects, contained

many and important works, both national and international, given by their authors or editors ... forming a select and considerable number of books, not all from the branches of medicine but also from the auxiliary sciences and philosophy⁸³⁹

⁸³⁶ "Sesión Literaria del día 13 de Marzo de 1868," *ECM* 9 (1868): 130. The obligatory legal deposit of a copy of any publication in the Spanish national library was not introduced until 1896, before which time its collection was increased through works acquired through donations, purchases and confiscations. This goes some way to explain the scarce availability of many nineteenth-century homœopathic works, few of which can be found outside private or small institutional collections.

⁸³⁷ "Variedades," *ECM* 11 (1870): 24.

⁸³⁸ "La Sociedad Hahnemanniana Matritense," *ECM* 11 (1870): 148.

⁸³⁹ Álvarez: "Acta de la sesión Literaria celebrada por la S.H.M. el día 10 de Abril de 1872," *ECM* 24 (1872): 148.

New catalogues were planned to make the collection accessible to society members.⁸⁴⁰ With the hospital building opened and the society planning its move, the rules of the library were once again revised as part of the *SHM*'s laws, establishing the existence of a reading room adjacent to the library where all members could make use of its contents, now under the responsibility of the society's secretary and which would be increased year on year with purchases recommended by the committee.⁸⁴¹ It is unfortunately unclear whether the library did in fact complete its move into the hospital, considering the rift between the two institutions that would shortly follow, or where it would have been located within the building. Very little further news exist about the library, with the exception of occasional notices regarding donations and legacies received as well as the names of society secretaries under whose auspices the library came. It is therefore difficult to say to what extent the library became an integral part of the hospital, though it can be assumed that it was integrated into the hospital building (or the Marquess of los Salados's adjacent house) after the society and the institution's rapprochement from in the late 1880s. It is also impossible to ascertain to what extent the library fulfilled an educational or informational purpose, even though the possibility of opening it to interested medical men other than

⁸⁴⁰ Ibid.

⁸⁴¹ "Reglamento," *ECM* 30 (1878): 121–136.

society members had briefly been discussed in 1881, with no discernible result.⁸⁴²

Overall, the SHM's library is something of a mystery, high on the society's list of aims but subsequently little mentioned and possibly rarely used. Its eclectic contents, ranging from copies of speeches delivered by the National Library's director to translations of Hahnemann's works seem to reflect an ardent desire to have a library that was representative in size, if not in content, of the society's ambitions. It may also reflect Nuñez's own personality, his own life and interests having ranged, like a nineteenth-century *dilettante*, from the clerical and politics to medicine and beyond. All that is clear is that the library must once have contained a much wider variety of homœopathic and non-homœopathic (indeed, non-medical) books and journals than those that survive in the hospital nowadays. Browsing the shelves, it is clear that much of its original collection was due to legacies of complete libraries by deceased SHM members and a multitude of contributions from corresponding foreign members and homœopathic authors. Unfortunately, the combined ravages visited upon the library and archives by a lack of consistent custody and collection development, the passage of time, a civil war, the reported and possibly apocryphal lack of kindling in the mid-twentieth century resolved by non-bibliophile members of

⁸⁴² Álvarez, "Memoria leída por el secretario general Don Paz Álvarez," ECM 33 (1881): 154.

the nursing staff and decades of quasi-abandonment of its historical (and therefore not medically interesting) contents have reduced the library to a fraction of what it might once have been, though it is arguably still the most complete reflection of nineteenth-century Spanish homœopathic publishing. Recent efforts of restoration and cataloguing, in combination with a new museum of Spanish homœopathy, will hopefully make it accessible once more in the near future.

5.2.5 Other Activities at the IHHSJ

Beyond the realm of journals, early Spanish homœopaths relied mostly on books published in the French language, either brought by those who travelled between the two countries or, later, imported onto the Spanish market by Baillière's Spanish branch. Many homœopaths, including later members of the *Hahnemanniana*, also published translations or their own works. Ramon Isaac López-Pinciano's translations in particular stand out, including one of the first Spanish versions of Hahnemann's *Organon* (from the French fifth edition).⁸⁴³

It seems that one attempt at establishing something akin to the British Hahnemann Publishing Society was made: in the 1840s a subscription-based *Biblioteca Homeopática* was started, though it did not achieve longevity. Gonzalez-Carbajal García identifies a translation of Jahr's manual of *Materia Medica* published in 1848,

⁸⁴³ González-Carbajal García, *Homeopatía*, 108.

sold for the princely sum of 80 Rs.⁸⁴⁴ A translation of Hahnemann's *Chronic Diseases* was published the following year in Madrid for 16 Rs.⁸⁴⁵ At some point a *Treatise on Cholera* was also published under the *Biblioteca's* auspices, though no further mention was made of it after the demise of the *Gaceta Homeopática de Madrid*.

Unlike the *LHH*, no extended educational activities (beyond the teaching of homœopathic doctors) were ever introduced at the *IHHSJ*. 'Professional' nursing of the kind seen in the United Kingdom and elsewhere was not yet known in Spain. Instead, Spanish sick-nursing was a haphazard domain in which the closest to 'professionally trained' carers were the long-serving nuns and monks of orders like that of *San Juan de Dios* or indeed the hospital's own *Hijas de la Caridad*.⁸⁴⁶ No requirement for specifically homœopathically trained nurses—or at least no awareness of a requirement—seems to have existed, with even 'normal' nursing schools not appearing until 1894.⁸⁴⁷ Similarly, while both the society's and the institution's publications carried advertising for many homœopathic pharmacies and other allied establishments in the capital, no official link ever existed between them. This was in all likelihood foremost due to, once again, the lack of a need for pharmacists' help beyond making remedies

⁸⁴⁴ "Biblioteca Homeopática," *Gaceta Homeopática de Madrid* 3 (1848): 501.

⁸⁴⁵ "Bibliografía," *Gaceta Homeopática de Madrid* 4 (1849): 264.

⁸⁴⁶ Cecilio Eseverri Chaverri, *Historia de la enfermería española e hispanoamericana* (Madrid: Editorial Universitas, 1995), 240.

⁸⁴⁷ *Ibid.*, 260.

available to private patients and the wider public. The hospital itself had a pharmacy in which all medicines were prepared and new doctors were regularly trained in preparing triturations and remedies.

One aspect that does seem to have been similar to what was seen at the London hospital was the institution's function as a central place of communication between homœopathic practitioners and those requiring their services. The international recognition some of the *IHHSJ*'s alumni received from other European societies and hospitals has already been mentioned, but it seems that the hospital itself regularly received requests from provincial towns and regions where a homœopathic practitioner, sometimes specifically a "disciple of this institute," was wanted.⁸⁴⁸ These were regularly published in the journals, the institute's secretariat seemingly acting as official arbiter in allocating positions among potential candidates.

Madrid's homœopaths also took part in national and international conferences, though for the most part participation in these was on behalf of the society rather than the hospital or institute. It took until the twentieth century for the hospital itself to become officially involved in such a gathering: After Barcelona's international conference in 1925, Madrid (possibly inspired by regional rivalry) held its first gathering in 1929 in what could

⁸⁴⁸ "Nuestra Constancia," *Revista Hahnemanniana* 2nd ser., 1 (1886): 2.

possibly be seen as its last moment in the sun before the Spanish civil war would deal a severe blow to the little hospital's activities.⁸⁴⁹



⁸⁴⁹ "I Congreso Nacional de Medicina Homeopática," *Anales de Homeopatía* 1 (1928): 13.

Conclusion

When comparing the two institutions that are the subjects of this study, some clear similarities but also differences emerge in the ways London's and Madrid's homœopaths established their respective hospitals. In this concluding section, I will briefly re-examine what has been illustrated in the preceding five chapters, to highlight and summarize the similarities and differences of the two hospitals in their foundation and work, but also in their contributions—both those planned and those actually achieved—to establishing and anchoring the homœopathic medical practice in their respective environments.

The themes examined in the preceding chapters included a history of the founders and 'supporting' organizations that led to these institutions' births, as well as the history of their first establishment and early history. The role of the two countries' hospitals and principal homœopathic associations for the professionalization and institutionalization of homœopathy was also examined, both from a medical perspective and for the

institutionalized establishment of wider homœopathic activities and networks. Finally, the work actually performed within each institution was scrutinized through a more detailed investigation of some of the professionals but also a more in-depth analysis of patients and pathologies received and treated there.

c.1 *Founders, Networks and Supporters*

One of the most striking similarities in the histories of both institutions lies in their respective founders. Both in Spain and Britain, homœopathy was already present by the time these men returned from their ‘journeys of discovery’ in France and Italy, respectively. Even homœopathic dispensaries (England) and periodicals (Spain) had been founded prior to their arrival, usually through the involvement of wealthy patrons like Leaf or Benitúa Iriarte who had themselves personally benefited from homœopathic treatment abroad (1.1 and 2.2). While both countries’ medical establishment’s initial reactions towards homœopathy were not universally hostile, ranging from distant intellectual curiosity to a desire for examining the practice in more detail, nevertheless early British and Spanish homœopaths seem to have lacked the critical mass and united phalanx approach required to grow permanent roots. This would only be achieved through Quin and Nuñez’s respective personal efforts in London and Madrid from the 1840s onwards (1.2.2, 1.3.1 and 2.3.1).

As characters the two men could not be more disparate. Quin was an (possibly) Irish physician of unknown parentage, with a ‘traditional’ medical education from the University of Edinburgh and a reputation as a lively raconteur. Nuñez on the other hand was apparently not a great speaker, the scion of a recently ennobled Castilian family of prized cattle breeders, educated in Canonical Law at the University of Valladolid. Quin embraced homœopathy only after thorough investigation (and personal experience) of its merits in Naples and Germany, having left Britain as the Duchess of Devonshire’s ‘orthodox’ medical attendant (1.2.1). Nuñez on the other hand ‘converted’ from Law to (homœopathic) medicine while a political exile in France, subsequently acquiring his medical credentials through somewhat ‘unorthodox’ methods (2.2.1 and 2.2.2). Nevertheless both men shared significant parallels that guided the development of homœopathy in their respective spheres of influence.

c.1.1 *The Importance of Leaders and Social Networks*

Both Quin and Nuñez enjoyed excellent connections in the highest social circles of their time. They were also both internationally known and respected figures in homœopathic circles, with direct links to Samuel Hahnemann, the ‘father’ of homœopathy. While their paths to medicine were quite different, parallels can be seen in both their intransigent—at least where homœopathy was concerned—characters. Both also exerted their considerable

personal influence in favour of the practice, though with somewhat different eventual outcomes.

Quin's social connections were doubtless due primarily to the easy introduction his association with Lady Elizabeth afforded him to most British notables' houses in Naples and Rome. His oft-praised wit and amiable companionship, coupled with what seems to have been a genuine talent for medical practice, laid the first solid foundations of a reputation that soon extended beyond the British expatriate community. Had his convictions and personal experience not moved him to espouse homœopathy, Quin would doubtless have achieved a position on the upper echelons of London's medical circles upon his return to Britain. By earning the respect, trust and friendship of many high-ranking families *prior* to his conversion, Quin was able to hold on to his social circles once he became a 'heretic' in the eyes of the medical establishment. Many of his existing acquaintances remained his patients or even joined the *BHA* in 1847 and supported 'his' hospital from 1849. These included members of the Royal Family, influential aristocrats, politicians and wealthy London merchants. Their attachment to Quin's endeavours is testament not only to any possible interest in a new medical practice or supposed advantages that could be gained (3.5 and 4.1) but also to Quin's standing and persuasiveness among London's high society. The support he cultivated for homœopathy would survive beyond his own death in 1878 and culminate in the Duke of York's (later King

George VI) patronage of the hospital from 1924, a Royal Charter being granted in 1928. Still, the arduous and more sustained efforts expended by his ‘successors’ in raising funds for the hospital’s subsequent expansion projects (1.3.4) can probably at least partly be attributed to Quin’s considerable importance as a figurehead whose demise was sorely felt by homœopathy’s British followers. His legacy, the *LHH*’s organization and its inextricable links with a wider homœopathic profession through the BHS (1.3.1 and 1.3.2), however, ensured that the institution faced no insurmountable obstacles as it approached its fiftieth anniversary.

Nuñez on the other hand presumably owed his social networks to his own family’s connections to the Royal Court, sufficient to earn the family a hereditary marquessate. His homœopathic treatment of the future queen’s uncle, the *infante* Sebastián, during his exile also in all likelihood contributed to strengthening his own connections to the eventual court of Queen Isabella II. It would certainly explain how, despite his initial exile under suspicion of Carlist sympathies, he was able to obtain in sequence a Royal decree dispensing him of the ‘traditional’ medical studies; a decree authorizing the *SHM*’s foundation; two further—if futile—decrees strengthening homœopathy’s position; his own appointment as the queen’s personal physician and last, though by no means least, his various honours and the Marquessate of Nuñez. Just like Quin, his influence extended beyond his own demise in 1879, having

successfully linked some of Spain's most influential ecclesiastic, aristocratic and political names to the fate of his *IHHSJ*.

Another similarity can be found in both men's characters: while Quin was apparently of a more gregarious nature, both were equally strong-willed when it came to imprinting their will upon their institutions. While ostensibly only being honorary consulting Physician to the *LHH*, Quin nevertheless made use of his extensive network of supporters among the hospital's governors to ensure the Board of Management's endeavours did not clash with his plans (1.3.3.2). Nuñez on the other hand was considered high-handed and authoritarian in matters relating to the *IHHSJ*, though his also being the institution's most liberal donor made such behaviour tolerable to his supporters. While Quin's direct influence ended with his death in 1879, Nuñez successfully—and perhaps somewhat opaquely—ensured its indirect endurance by encasing the hospital in a foundation, leaving clear and inflexible instructions as to its continued operation, under pain of immediate dissolution should his stipulations not be complied with. While his final actions may have helped ensure the institution's survival to this day, they were also at the root of years of otherwise unnecessary disputes and legal challenges among Madrid's homœopaths (2.3.7).

The preceding chapters clearly illustrate the importance of such strong, respected (among homœopaths) and well-connected figureheads for both hospitals' successful foundation. After the

death of their respective founders, both the *LHH* and the *IHHSJ* encountered difficulties, though Nuñez's legacy appears to have exacerbated these in Madrid. The situation after 1879 was seen as analogous to that of a political party losing its charismatic leader, while the rift underlying Madrid's homœopathy—somewhat dampened out of respect for Nuñez during his lifetime—flared up once more, only dying down after the demise of Nuñez's equally strong-willed opponent Hysern. In contrast, the *LHH*'s existing administrative structure never relied upon Quin's presence and allowed the hospital to successfully grow into the following century.

c.1.2 Homœopathic Networks and Supportive Associations

Both Quin and Nuñez understood the importance of presenting a 'united front' if homœopathy was to gain a foothold in spite of its detractors' efforts. Doubtless this was inspired by similar undertakings witnessed in other countries. Quin owed his inspiration to Peschier's recommendation of emulating the Swiss *Société Homœopathique Gallicane* in Britain (1.2.2) while Nuñez must, through his contact with homœopaths, also have been aware of similar developments. Quin founded the *BHS* in 1844, Nuñez following suit with the *SHM* the following year. These societies were intended to join their respective countries' homœopaths together to campaign for recognition but also to ensure homœopathy's *legitimate* practice was subjected to tight controls, excluding those who did not conform to strict admission

rules (1.3.1 and 3.3.2). The most striking difference between the two associations was the extent to which they reflected their respective allopathic surroundings. The *BHS* emulated and effectively co-opted existing structures of organizations like the *Royal College of Physicians* and university medical faculties, basing their own exclusive admission criteria on the aforementioned bodies' degrees and licenses. This excluded any non-medical would-be practitioners and underpinned the claim for legitimacy of a medical practice whose members could not be considered incompetent quacks, by virtue of their existing 'orthodox' medical qualifications. The *SHM* on the other hand had no existing structures to imitate, Spanish medicine—in part due to the nation's early nineteenth-century vicissitudes—having little structure prior to the 1857 governmental reforms and remaining divided throughout for the rest of the century (5.2.1). The society did co-opt the higher levels of medical qualification, requiring all *full* members to be at least *licenciados* in medicine, legally authorized to practice throughout the kingdom. By imposing such exclusive rules upon its membership and with a (vestigial) Royal decree authorizing its creation, the *SHM* effectively was a step ahead and above allopathic institutions, the later allopathic societies effectively having to catch up with the homœopaths' structures rather than the other way around.

Both societies also provided a central point of contact, both for new practitioners and to those desirous (and sufficiently open-

minded) to enquire into homœopathy. Communication networks could also be established with foreign societies, through corresponding membership and the exchange of publications, to stay abreast of homœopathic developments beyond their own borders (5.1.4; 5.1.6; 5.2.3 and 5.2.5).

Both societies were also, from the outset, intended as springboards for the creation of a homœopathic institution, the existence of a dispensary and hospital being recognized as essential elements for homœopathy to gain a firm place in both nations' medical spheres. Indeed both societies started the collection of funds to make such institutions a reality, as well as exclusively providing their medical staff from amongst their membership. While this became a firm rule at the *LHH*, it quickly became a moot point in Madrid after disputes over the *IHHSJ*'s legitimate ownership (1.3.2; 2.3.6 and 2.3.7).

c.2 *Foundation and Roles of the Homœopathic Hospital*

While one of the 'supporting' medical societies' most important roles was to enable the creation of a homœopathic hospital in which their members could practise, the institutions also had a number of other functions. Hahnemann's early followers considered hospitals essential for homœopathy's survival and both in London and Madrid opinions seem to have been similar. The hospital as an institution had of course become the indisputable centre of the English medical world (as it had in most

of Europe) for both practice and education and this too became true for homœopaths. For homœopaths it also served as a central nexus around which activities as disparate as the training of practitioners and nurses; efficacy demonstration; national and international networks and the facilitation of homœopathic publications could be structured.

c.2.1 *Homœopathic Hospital Foundation in London and Madrid*

There are parallels to be found not only in the way the hospitals were associated with their respective supporting associations but also in the way their foundation was achieved, though initially their approaches were quite different. The *LHH*'s Board of Management clearly learnt a valuable lesson from their initial experience in rented premises (1.3.2), after which a course of financial prudence was maintained in the hospital's affairs for the rest of the century. Continuing in rented premises would have exposed the hospital to risk and dependence on subscribers' allegiance to pay increasing rents, as well as to a landlord's benevolence. Accepting a three-year hiatus before reopening in Great Ormond Street in 1859 (1.3.3) was a risky move, as supporters might have changed allegiance to another institution. Yet the reward of freehold premises showed the approach to be wise: considering the financial difficulties the hospital faced at times throughout the rest of the century, it seems unlikely that an institution of its size could have survived if all legacies and donations had been reserved for the payment of rent.

Madrid's *IHHSJ* saw a similar situation, though freehold premises were only procured by private initiative after homœopaths realized that their hopes of obtaining a government-sponsored hospital were not likely to be realized, despite repeatedly being granted the official—but fruitless—support of the sovereign and government ministers (2.3.2 and 2.3.4). It is conceivable that Nuñez was aware of the *LHH*'s experience, which might have precluded the idea of rented premises from arising in Madrid. Moreover, it would explain why—considering the *LHH*'s widely reported issues arising from operating a growing hospital in three converted houses not originally intended for the purpose—Madrid's homœopaths intended, from the outset, to purpose-build their hospital. Like Quin, Nuñez's *SHM* also limited their activities to a free dispensary for outpatients until the hospital building was finished. Even this would never have been achieved without Nuñez's own substantial and continued financial commitment, which remained the main source of funds even after his death, a situation that—to an extent—freed the hospital from overreliance on subscriptions (2.3.7).

c.2.2 Homœopathic Hospitals as Vehicles for 'Alternative' Medical Careers

Both institutions were also intended to provide a location where young and inexperienced practitioners could see homœopathy applied in a clinical setting and receive instruction, either to fulfil the criteria of full *BHS* membership or to attain the title of *medico*

homeópata (5.1.2 and 5.2.2). In providing such training, either as *ad hoc* lectures and demonstrations or through formal training courses, the London Homœopaths also emulated existing allopathic medical schools, although *complementing* rather than *replacing* them. This enabled medical practitioners to gain knowledge in homœopathy that was denied to them in the established schools. Additionally, as any ‘homœopathic interest’ carried with it the risk of being ostracized by the allopathic majority, barring access to the large voluntary hospitals, the LHH opened an alternative career path to such practitioners. Starting as ‘inceptive’ members of the BHS, the training allowed them to gain full membership and subsequently avail themselves of the LHH’s prestigious (at least in the circles of a not inconsiderable number of wealthy homœopathic supporters and potential patients) appointments as resident or voluntary medical officers. Interestingly, a majority of British homœopaths resisted the creation of an official school for homœopathy until the twentieth century, perhaps—somewhat naively—hoping for reconciliation with the allopathic establishment and wishing to avoid any overtly defying gestures (5.1.2). Even though nineteenth-century homœopathic training was not formalized, many homœopaths associated with the hospital were subsequently able to establish successful careers, both within and beyond the LHH. Without the institution’s prestige, which must have reflected on its practitioners, such careers would have been severely hampered by continued allopathic attacks. Quin’s initial ideal of enabling every

society member to be appointed medical officer in turn seemingly could not be realized, staff turnover appears to have been high enough to keep the promise of a hospital appointment a realistic and tempting prospect for many. Increasing specialization through the addition of new departments (such as paediatric or women's diseases) in the later nineteenth century (1.3.4) raised the number of available positions further, from the initial nine elected in 1850 to over twenty—not including assistant and resident physicians—by the turn of the century. The *LHH* therefore was able to successfully circumvent allopaths' attempts to remove homœopathic practitioners from the medical sphere, enabling them to develop successful careers parallel to the 'traditional' model.

In Madrid meanwhile, the appointment to a hospital seems to have carried less—if any—importance for a medical career. In any case, these were usually made by open public contest and so, in theory, not subjected to undue influence of anti-homeopathic factions (5.2.1). With no existing career structures similar to those seen in Britain, the primary non-clinical reason for the *IHHSJ*'s foundation was not to provide a career ladder but to provide homœopathic training. Unlike in London, there was no opposition to such a plan. The granting of official certificates and degrees, legally worthless due to the government rules regulating medical degrees, but symbolically prestigious was also entirely unopposed. Many of the older generation of Spanish homœopaths had

themselves faced the difficulties of learning without a seasoned practitioner to guide them and welcomed this problem being solved by the *IHHSJ*'s structured courses that included theoretical and practical instruction (5.2.2). The teaching in Madrid combined lectures in the first year with practical instruction at the bedside in the second year, when students were apparently assigned individual—albeit supervised—responsibility over their own patients. The institute's success in attracting students was unbroken for some decades, graduates enjoying recognized prestige both in Spain and abroad (5.2.5).

c.2.3 “Homœopathic” Nursing

The few existing studies about the *LHH* have concluded that the hospital's nineteenth-century Board of Management showed limited interest in the education of professional nurses. Delving deeper into this subject, **Chapters 3 and 5** show that the drastic reforms towards professionalization of British nursing care by pioneers like Florence Nightingale did not pass the homœopathic institution by without trace. Not only did the *LHH* support efforts of professionalization and education among their own growing nursing staff but the London homœopaths were in fact ahead of many of their allopathic contemporaries by the 1870s, providing a structured and systematic training regime for nurse probationers (5.1.3), though this development was slow. In the early years the hospital's nurses' welfare evoked only scarce concern amongst the medical staff or governors (3.3). Their training too was initially

relegated to the auspices of the hospital housekeeper *cum* matron, a woman who was willing but clearly not equal to the task. It is also true that in later years private ‘homœopathic’ nurses provided substantial additional income to the hospital, thus raising their ‘value’ in the eyes of the management. Nevertheless, it is clear that by the 1870s a keen interest was taken in providing them with the best possible systematic training, for which purpose a new, experienced and—crucially—‘Nightingale-qualified’ *Lady Superintendent of Nursing* was sought to lead a new “Nursing Institute” (5.1.3). This was formalized further in 1886, receiving its own building and, later, a dedicated nurses’ home. Nurse-probationers meanwhile were provided with facilities and a theoretical and practical education (ranging from ethics to cookery and specialized nursing required in the hospital’s different departments) that even external observers from the wider nursing profession deemed of the highest quality. It seems remarkable that these nurses, unlike the medical officers they assisted, were not required to “believe” in homœopathy, even switching—seemingly without problems—between homœopathic and allopathic hospital workplaces after their training was complete. Yet according to the *Lady Superintendent*, they still came back to the *LHH* when they themselves required care, suggesting that even if all might not have been avid ‘disciples,’ the care received at the homœopathic hospital was deemed at least equal or even superior to that of other institutions. The hospital’s nurses were also well established in the wider nursing profession,

seemingly able to—unlike their superiors—have good professional intercourse with other institutions' nurses and even having their work recognized both by British nursing's fledgling professional press and international fairs (3.3).

In Spain meanwhile, professional nursing—not just at the *IHHSJ* but also across all hospitals—was entirely absent (3.7 and 5.2.5). Sick care was entirely in the hands of religious orders like the *Siervas de María* or the *Hijas de la Caridad*, both of which provided nursing care at the *IHHSJ*, their roles seemingly combining the duties of nurse, housekeeper and even dispenser. Of course the presence of religious orders, particularly that of the Vincentian Order, at the *IHHSJ* was not surprising since these nuns were a common sight in nineteenth-century European homœopathic institutions since the establishment of the Gumpendorf hospital near Vienna (3.7). Unfortunately the Madrid congregation left behind little documentation about their work on the wards, let alone any suggestion of interaction with the world beyond the hospital's walls, so that no further information could be gleaned about these women's work, though their presence at the *IHHSJ* supported the institution until the late twentieth century.

c.3 *Patients, Diseases and Treatment in London and Madrid*

Both hospitals were founded with the intention of providing homœopathic medical care more or less exclusively to “poor patients.” Sections 3.5 and 3.9 illustrate that the majority of

patients did indeed stem from the lower working classes. Cabmen, housemaids, factory workers and similar occupations were predominant. Additionally, compiling and contrasting for the number of inpatients in both hospitals for the first time shows that this increased steeply in a relatively short period of time: In London, from less than two hundred to over eight hundred per year in the first forty years (with several interruptions due to moves and building works); in Madrid from just over one hundred and fifty in the first year to over seven hundred only ten years later. These figures prove that both institutions did find extensive acceptance among their 'target audience,' further growth seemingly only limited by the availability of beds (4.2.1 and 4.2.2). Both outpatients' departments also showed vast growth, averaging ten thousand per year in London with a similarly large figure in Madrid—though the surviving evidence for the latter is patchy. Again the constant rise of patient numbers was seemingly only curtailed by the disputes between Madrid's hospital staff and the *SHM*, who subsequently created a 'rival' dispensary (4.2.2).

The predominance of domestic employees amongst the *LHH*'s patients might suggest that many of these patients were in fact servants of subscribers and governors. This possibility has led previous studies to conclude that few attended the hospital by choice, being either compelled by employers or simply indiscriminately attending the first institution that would receive them. Close scrutiny of the available evidence however shows that

such conclusions were erroneous, as a large number of patients must indeed have exercised a conscious choice to attend both cities' homœopathic hospitals, over any other charitable institution. While in Madrid patients seem to have come mostly from the capital and its northern suburbs, including many from the immediate surrounding area (3.9 and 4.4), London's patients often travelled long distances, accepting considerable inconvenience to attend the *LHH*, both as in- and outpatients (3.5).

While no relevant data exists for London to allow a reliable examination of gender distribution among patients, it is clear that more women than men attended as outpatients in Madrid, possibly accompanied by their children as female and child-patient attendance numbers were approximately proportional to each other (4.2.2, fig. 4.5). A possible explanation might be a preference amongst the female poor for "gentle" homœopathy over allopathic alternatives. Yet men, the larger part of Madrid's working population, might not have attended outpatients departments unless their conditions kept them from work, by which point they were likely to be admitted as inpatients, so it might equally be possible that women and children were more likely to take the trouble to attend a dispensary for more 'routine' acute complaints. Among inpatients, the gender distribution was approximately balanced (4.2.2, fig. 4.4). In all likelihood this did not signify a gender-specific preference but simply reflected the availability of beds, distributed among four gender-specific wards

of approximately equal size. It is unfortunately not possible to establish average length of stay for all in-patients of either gender, which might otherwise have shed further light on the question.

c.4 Diseases, Treatment and Pragmatic ‘Eclecticism’

Section 4.3 presents for the first time a detailed statistical analysis of in-patients in London and Madrid’s homœopathic hospitals, expanding on previous studies’ introductory attempts to understand what was done within the confines of these institutions. Through this it is possible to gain a better understanding of the pathologies that were treated in both hospitals and therefore examine the validity of contemporary and modern arguments that homœopaths only treated the poor’s ‘bagatelles’ and the rich’s imaginary diseases, all of which could just as safely be subjected to the ‘expectant’ treatment of the *vis medicatrix naturae*. In fact, as the analyses presented in both 4.3.1 and 4.3.2 illustrate, both institutions received the same diseases into their wards as could be found in contemporary allopathic hospitals. A historical overview of the late nineteenth century’s most prominent diseases in London and Madrid reveals that the LHH and the IHHSJ treated a fair representation of the age’s ailments (4.4). What is more, often such patients were previously diagnosed by allopaths as ‘incurable’ or simply had failed to respond to allopathic treatment. The successes achieved by London’s homœopaths during the 1854 cholera outbreak have

often been cited, as a wide range of evidence was produced and widely disseminated on the subject. Other major common aetiologies of the time causing respiratory, gastric and other diseases—responsible for a large proportion of both cities' mortality—were also found prominently in the homœopathic hospitals' wards. While retrospective diagnosis of each case is impossible, on the basis of the available evidence it can nevertheless be asserted that the diseases seen were similar to those of other institutions. Moreover, a study of the treatment outcomes in both hospitals—always with the obligatory caveat of contemporary viewpoints and opinion—of such treatments shows that homœopathy seemed remarkably successful in both London and Madrid. While many patients did not leave entirely “cured,” their physicians nevertheless considered their progress to be at least an “improvement.” Overall deaths in both hospitals for the examined periods remained low (4.15% in London and 6.06% in Madrid, see 4.3.1, fig. 4.8 and 4.3.2, fig. 4.12), far below the averages seen in other contemporary institutions. This gave homœopaths some powerful ammunition in their struggle for recognition of homœopathy as a safe and effective alternative to established medicine, though for the most part such empirical evidence was rejected or ignored by their detractors.

While these treatment results were similar in both London and Madrid, a major difference in matters of treatment can be seen between the two homœopathic hospitals in a different area. The

LHH's medical officers' outlook always seems to have been a pragmatic one, intent on giving priority to homœopathic treatment wherever possible, yet unwilling to discard all other advances in medicine if they could be employed for their patients' benefit. The *IHHSJ* on the other hand, no doubt due to its founder's own convictions, mostly adhered to strict "Hahnemannian" principles, which precluded all 'eclectic' methods and treatments, relying solely on the internal remedies. Nowhere was this fundamental difference more obvious than in the issue of surgery (4.5). Both Spanish and British homœopaths wrote spirited defences against accusations of rejecting surgical knowledge on principle. Yet the reality in both institutions was very different. The *LHH* always included surgeons on its staff, no doubt benefitting from the Royal College of Surgeons' reluctance to ostracize homœopathic members in the way the other medical corporations did: Forty-one of eighty-four *LHH* honorary medical officers between 1850 and 1898 were *members* or even *Fellows* of the *RCS*, a situation that drove the *Lancet* to denounce these "perverts" who "left Hunter for Hahnemann" by publishing the names of known homœopathic surgeons in 1851.⁸⁵⁰ From case histories and patient statistics, it is clear that surgery was indeed practised—not extensively but routinely—in the hospital. The Board of Management's evident pride in the surgical facilities after the hospital's rebuild (1.3.4) provides further evidence of a rational

⁸⁵⁰ See **Appendix E** ; "Globulistic Quackery," *Lancet* 58 (1851): 464.

approach to diseases that could not (or at least not quickly or reliably) be treated by internal remedies alone. It could even be asserted that *LHH* surgeons pioneered the combination of surgical interventions with homœopathic post-operative care, obtaining a much lower number of complications and infections than other hospitals, even before aseptic principles were introduced into their operating theatre. While major abdominal surgery was still rare compared with other institutions, even these were not exceptional (4.5.1).

In Madrid meanwhile, the same spirited defence of homœopathy's good relations with the surgical arts ring distinctly hollow upon closer examination (4.5.2). Scrutinizing the hospital's apparent facilities, one notices the distinct lack of a surgical ward or operating theatre. Patient statistics too included practically no cases where a major surgical operation might have been performed. It therefore seems that the *IHHSJ*'s nineteenth-century medical officers, while legally required to hold a dual medical and surgical qualification, seldom resorted to the knife. In fact, it is possible that these men considered the use of surgery an admission of defeat for homœopathy, thereby possibly not even admitting any cases that might have required it.

c.5 *Laypersons and Homœopathic Hospitals*

The involvement and interaction of laymen and –women with the two homœopathic hospitals' medical officers also presents some

striking similarities together with obvious differences. The London institution was administered almost exclusively by lay subscribers and governors, with only minimal—and late—direct involvement of medical officers in the institution’s management decisions (1.3.3 and 3.2). In Madrid however, the lack of an *elected* board and Nuñez’s own stipulations allowed for a more substantial medical representation, doctors making up almost half of the *IHHSJ*’s trustees, the institution’s day-to-day management resting with two directors of whom at least one had to be medically qualified (3.6). While on the face of it Madrid might be seen as a more propitious option for the hospital’s medical development, it might also have contributed to the *IHHSJ*’s decline as the medical men’s stricter Hahnemannian outlook—compared with the London institution’s governors for whom the institution’s prosperity often came above concerns for medical dogma—might have hindered the hospital’s adaptation to new developments in the medical field. As a result, Madrid’s homœopathic hospital’s appeal may have lessened as allopathic medicine moved away from the old ‘heroic’ cures and towards ‘modern’ medicine, while the *LHH* kept up with the latest diagnostic and surgical technologies, integrating these with homœopathic treatment (1.3.4 and 4.5.1).

Beyond the realm of management, both institutions also relied on laywomen acting as *Lady Visitors* (3.4) and members of the *Junta de Señoras* (3.8) and the examination of these two groups in particular

adds to the few details hitherto known about women's influence in clinical homœopathy (or indeed in nineteenth-century hospitals) beyond those engaged in nursing. In both hospitals their functions included the collection of funds to sustain the institution, through means as diverse as the organization of bazaars and the auctioning of donated artworks. Both groups were composed mostly of the wives of men attached to the institution, either as medical officers, governors or trustees and counted with royal patronage. They were also accorded a more directly supervisory role in their institutions, though what this entailed differed much between London and Madrid. At the LHH, the *Lady Visitors* apparently only inspected the wards in a semi-official capacity, while primarily providing additional comfort and occasional entertainment to the patients. The IHHSJ's *Señoras* on the other hand were seemingly granted a higher status within the institution, enshrined in its statutes. Accordingly, they could take a more robust and direct approach. Apart from inspecting the wards to ensure the hospital fulfilled its founder's purpose adequately, they could also scrutinize the institution's finances and did not shy away from criticizing the hospital's management and withdrawing their support if required.

c.6 Homœopathic Hospitals as Nexuses of Wider Activities

In the thesis's final chapter (Chapter 5), the two hospitals' external activities and those of their supporting organizations and their

medical officers were considered. This allowed an understanding of what essential roles these institutions, as well as the practitioners associated with them, served within the wider homœopathic ‘community,’ something often neglected in hospital and homœopathic historiography as it requires a look beyond the immediate clinical aspects and wards of these institutions. Homœopathic hospitals served as central beacons for the medical profession, allowing those interested in the practice a clear and authoritative point of contact from which to enquire further. They also provided bases for a multitude of ancillary activities not directly related with the work done in their wards. The educational aspects, both for practitioners and—in the London case—nurses, have already been mentioned above (c.2.2) but they were only the tip of a large iceberg.

In nineteenth-century Britain and Spain, a vast number of homœopathic periodical publications were produced, some of which spanned almost the entire history of their respective institution (5.1.4 and 5.2.3). These provide valuable insight and details about the two hospitals’ development and work as well as information about some of the men and women linked to it. Particularly in Britain, such publications were founded to counteract not only the hostile allopathic press’s anti-homœopathic agitation but also to provide homœopaths with a voice, since they were barred from the ‘mainstream’ medical press. In Spain, where allopathic press hostility was less, they

nevertheless provided an effective means to communicate with homœopaths in the further reaches of the kingdom, as well as with the homœopathic community in the old colonies. Many of these journals had direct or underlying links to either the institutions themselves or to their supporting organizations. Even where apparently no direct link existed, their editorial staff was often drawn from amongst the *BHS* or *SHM*'s membership and the hospitals' medical officers, the publications acting as the institutions' promotional tools, disseminating annual reports, case histories and patient statistics to showcase the successful homœopathic treatment (and the underlying efficiency of the hospital's management).

The *LHH* also provided an occasional base for a homœopathic book publishing society, thereby contributing to more practitioners having access to essential works, hitherto unaffordable or unavailable to many (5.1.4). A similar effort was seemingly undertaken in Madrid, though little information could be found beyond the tomes identified in the institution's own library (5.2.5).

Both hospitals, through their inextricable (London) or intermittent (Madrid) links with the society from which they had emerged, established homœopathic medical libraries (5.1.5 and 5.2.4). These essential tools of reference for both new and established homœopaths provided a further incentive to the homœopathic profession to remain attached with the institutions.

Furthermore, with such libraries, the homœopathic societies emulated those established by the great scientific societies of their time—as well as the homœopathic institutions founded in the United States, not only further underpinning their identity as legitimate scientific medical associations but also furthering their role as a central location in which the wider homœopathic community could find information and support.

c.7 *Summary*

In conclusion, it is clear from the different facets examined in this study's chapters that the homœopathic hospitals in London and Madrid had a multitude of roles to play. Many aspects involved in both institutions' 'pre-history' and establishment were remarkably similar, despite fundamental differences in both institution's national, social and political backgrounds. A close examination of surviving sources allows for the first time a detailed comparison of different elements in these hospitals' development and work. As a result it has been possible to highlight changes in both institutions that might be significant of more widespread trends for nineteenth-century homœopathy, particularly in a hospital setting. The similarities that have been found suggest that there might indeed have been an organic, 'standard' development curve for clinical homœopathy in both locations, with international networks of communication between the organizations that founded them developing a certain 'collective professional

awareness' of requirements, pitfalls and solutions to many of the potential obstacles faced by such fledging institutions.

The hospitals' role in both locations followed a tripartite plan of establishing a clinic, a school and through both a structure to promote and defend homœopathy from its assailants. The clinical element included the provision of a setting in which the homœopathic practice could be demonstrated to the wider medical (and lay) world. For this, published returns of their successful practice and actual demonstrations at the bedside were offered to interested medical enquirers. Structures parallel to those existing in London's allopathic medical spheres were implemented to provide professional training and career advancement at the *LHH*. The *SHM* and *IHHSJ* meanwhile effectively pioneered such *successful* implementation of rigid professional structures in Spain's mostly disorganized medical profession, leaving allopathic organizations to catch up through the second half of the nineteenth century. Both organizations' corporative membership contributed to homœopathy's defence against allopathic attacks by building a solid, united and above all professional front that simultaneously 'advertised' their members' and practitioners' unquestionable medical and homœopathic credentials.

The provision of postgraduate educational opportunities for new homœopaths, both in structured courses or informal demonstrations, allowed the two hospitals to sidestep the

problematic lack of homœopathic training for medical students in the established medical schools. It also enabled them to set the yardstick for professional and educational standards in homœopathic practice, which seems to have been recognized by a sizeable part of the wider homœopathic community, both in their respective countries and internationally. Insisting on the *postgraduate* nature of such training further strengthened the homœopaths' position of legitimacy in medicine, as all students had to prove competence in established *allopathic* medicine before being allowed to embark upon homœopathic training, thereby—theoretically—guarding both them and their institution against accusations of illegal or incompetent practice. The availability of clinical positions, either as a prestigious honorary visiting medical officer, assistant medical officer or remunerated resident medical officer in the *LHH* further ensured that a career path parallel to those existing in allopathic hospitals was open to practitioners who were otherwise excluded from the large voluntary hospitals due to their homœopathic 'leanings.' While such opportunities were fewer at the *IHHSJ*—though equally Madrid's allopathic hospitals were not the vehicles for medical career progression their British counterparts had become—they nevertheless also existed and enabled graduates to attain a reputation through their attachment to the institution's free dispensary or, subject to vacancies, attaining an appointment in the wards.

On the face of it, homœopathic and allopathic hospitals were, by the end of the nineteenth century becoming increasingly similar (more so in London than Madrid). These similarities could be seen in their structure but also—due to the allopaths’ increased supposed “borrowing” from the homœopathic Pharmacopoeia and the homœopaths’ increasing adoption of modern diagnostic and other medical technology—in some of the practice applied in their wards. Previous studies have interpreted this as homœopathy’s slow but inexorable decline, through a loss of appeal to those who sought it out precisely for its diametric opposition to the established medical school. I would argue, however, that this *rapprochement* between homœopathic and allopathic practice did not necessarily signify homœopathy’s fall from grace and descent into irrelevance at the beginning of the twentieth century. To accept that the adoption of modern medical advances and the refusal to conform to the letter to the precepts established by Hahnemann in the 1820s would suggest an understanding of homœopathy as a monolithic practice with no room for changes, something which the two examples examined in this study clearly show was not the case. While there was indeed a “finished” theoretical framework at its base, as Nicholls suggests, the practice quickly divided into different factions, some less reluctant than others to develop and—in their eyes—improve the practice away from Hahnemann’s original ideals. Differences can be found between groups of homœopaths based on levels of dilutions or potentization of remedies as well as in differences in adherence to

the founders' strict prohibition of eclecticism. Particularly the London homœopaths displayed an open mind to include techniques and advances from outside their own canon if it benefitted the patient. Far from understanding this as a rejection of homœopathy, the inclusion of advances like the sphygmograph, x-rays, bacteriology and anaesthesia were considered aids to improve the efficacy and reach of homœopathic clinical practice. Bacteriology allowed the proving of new homœopathic Nosodes while diagnostic technology enabled doctors to gain a new and deeper understanding of the underlying physiological effects of the diseases they treated. It seems clear that, by the turn of the century, no hospital could survive for long without opening itself to such new advances. Madrid's *IHHSJ*, while seemingly adhering to stricter Hahnemannian homœopathy for most of its early history, nevertheless adopted some new diagnostic and treatment technology such as x-rays and electrotherapy to complement the homœopathic remedies. Yet its apparent rejection of surgery possibly contributed to its eventual decline. It can therefore be said that the homœopathic hospitals' emulation of established structures and their adoption of non-homœopathic aids to diagnosis and treatment were means to remain 'competitive' with their allopathic rivals, guarding themselves against accusations of antiquation and the impression of offering an 'inferior' style of treatment.

Surveying the many facets of both hospitals' histories and the supporting roles they played for the wider homœopathic community, it must be concluded that these institutions played a vital role for English and Spanish homœopathy, at least while the practice was in its infancy. As its practitioners grew established, their reliance on these institutions may have lessened yet it is clear that they remained the bulwark to which practitioners could turn for training and support, the hospitals effectively acting as foundations from which the fledging practice of homœopathy could draw proof of its right to exist in the medical marketplace as a legitimate alternative to allopathic medicine.



Bibliography

NB: All Bibliographic details are given in accordance with *The Chicago Manual of Style*, 16th ed. (Chicago: The University of Chicago Press, 2010). Full details of archival and rare book repositories follow the bibliography.

Primary Sources

- "20th Annual Report of the London Homœopathic Hospital." *Ann. BHS* 6 (1873): 113–134.
- Alcalá Galiano, Antonio. "Ministerio de Fomento: Instrucción Pública." *Gaceta de Madrid* 31 (1865): 1.
- Álvarez, Paz. "Acta de la Sesión del 9 de Abril de 1876." *ECM* 17 (1876): 147–159.
- . "Acta de la Sesión literaria celebrada por la Sociedad Hahnemanniana Matritense el día 10 de Abril de 1872." *ECM* 24 (1872): 145–152.
- . "Acta de la Sesión literaria celebrada por la Sociedad Hahnemanniana Matritense el día 13 de Abril de 1873." *ECM* 14 (1873): 145–157.
- . "Acta de la Sesión literaria celebrada por la Sociedad Hahnemanniana Matritense el día 10 de Abril de 1874." *ECM* 15 (1874): 145–158.
- . "Lista de la suscripción pública abierta por la SHM para la fundación y sostenimiento de un hospital homeopático en Madrid." *ECM* 18 (1877): 191–192.
- . "Curso público de homeopatía en la Universidad de Salamanca por el D. Anastasio García López." *ECM* 12 (1871): 70–71.
- . "El hospital homeopático de Madrid." *ECM* 18 (1877): 49–54.

- . “Formación de la Junta Protectora de Damas.” *ECM* 18 (1877): 110–112.
- . “Junta directiva del 13 de Abril de 1872.” *ECM* 13 (1872): 193–195.
- . “Memoria leída por el secretario general Don Paz Álvarez.” *ECM* 33 (1881): 145–164.
- . “Sesión extraordinaria.” *ECM* 13 (1872): 195–202.
- . “Sesión extraordinaria de gobierno del 13 de Mayo de 1873.” *ECM* 14 (1873): 241–244.
- . “Sesión literaria del 4 de Marzo de 1876.” *ECM* 17 (1876): 223–227.
- . “Sesión literaria del 11 de noviembre de 1878.” *ECM* 19 (1878): 529–530.
- Álvarez, Paz and Manuel Flores. “Relación del número de enfermos ingresados en este Hospital durante el año de 1886.” *ECM* 28 (1887): 382.
- Álvarez Cascos, Alfredo. “Canal de Isabel II: Memoria sobre el estado de los diferentes servicios en 31 de Diciembre de 1903.” *Revista de Obras Públicas* 36 (1904): 127–134.
- Álvarez González, Anastasio. “Consideraciones sobre Medicina Operatoria.” *ECM* 20 (1879): 63–68.
- “A New Departure at the London Homœopathic Hospital.” *MHR* 42 (1898): 703.
- “A New Homœopathic Hospital for London.” *MHR* 34 (1890): 405–407.
- “Analysis of Cases Treated at the London Homœopathic Hospital from April 10 1850 to April 9 1851.” *Homœopathic Times* 2 (1851): 727.
- “Annual General Meeting of the London Homœopathic Hospital.” *Annals BHS* 7 (1876): 449–457.
- “Annual General Meeting of the London Homœopathic Hospital.” *BJH* 31 (1875): 711–719.
- “Annual General Meeting of the Governors, Donors and Subscribers of the London Homœopathic Hospital.” *MHR* 30 (1886): 360–370.
- “Annual Meeting.” *BJH* 30 (1872): 555–566.
- “Annual Meeting of the Governors and Subscribers of the London Homœopathic Hospital.” *MHR* 15 (1871): 363–374.
- “Annual Meeting of the London Homœopathic Hospital.” *BJH* 31 (1873): 530–536.
- “Annual Meeting of the London Homœopathic Hospital.” *MHR* 39 (1895): 204–205.
- “Annual Report of Cases Treated in the London Homœopathic Hospital.” *Ann. BHS* 11 (1889): 508–514.
- “Annual Report of the Hospital.” *Ann. BHS* 1 (1860): 88–94.

- A Non-Medical Homœopath [William Leaf]. *Homœopathy Explained and Objections Answered*. 3rd Thousand. London: Thomas Hurst, 1841.
- “Anuncios.” *ECM* 19 (1878): 504–505.
- A Physician practicing Homœopathy. *Medical Reform, and the Past, Present and Future of Homœopathy in Great Britain*. London; Manchester: W. Headland; H. Turner, 1856.
- . *Medical Reform in the Direction of Homœopathy*. 6th ed. London: W. Headland, 1856.
- “Appointments.” *BJN* 35 (1905): 411.
- “A Preliminary Peep.” *Nursing Record* 16 (1896): 437.
- Arenal, Concepción. “La Beneficencia, la Filantropía y la Caridad.” In *Concepción Arenal: Obras Completas*, edited by Carmen Díaz Castañón, vol. 1, 69–147. Madrid: Atlas, 1993.
- “Archivos de la medicina homeopática.” *BMCF*, 2nd ser., 2, no. 45 (1841): 72.
- “Archivos Homeopáticos.” *BMCF* 2, no. 49 (1835): 146–147.
- Astiz, Sor Casimira. Letter to Director Económico Instituto Homeopático y Hospital de San José. 7 March 1888. Hosp. 048. IHHSJ Arch. [Athenaeum]. *Athenaeum: Rules and Regulations, List of Members 1850 and Donations to the Library 1849; with addenda for 1851*. London: Privately printed, 1851.
- Atkin, George, ed. *The British and Foreign Homœopathic Medical Directory and Record*. London: Aylott & Co., 1853.
- Auquier, L. “Mes visites à quelques hommes célèbres: Visite à Hahnemann.” *Revue des États du Nord* 3 (1836): 434–453.
- “A Visit to the London Homœopathic Hospital.” *Nursing Record* 15 (1895): 437–438.
- Bach, Edward. *Heal Thyself: An Explanation of the Real Cause and Cure of Disease*. London: C. W. Daniel, 1931.
- “Banquete de la Sociedad Hahnemanniana del día 10 de Abril.” *ECM* 8 (1867): 186–192.
- Bayes, William. “Introductory Lecture Delivered at the London Homœopathic Hospital on Thursday October 7th, 1875.” *BJH* 34 (1876): 77–99.
- . “On the Necessity for a School of Homœopathy.” *BJH* 34 (1876): 397–398.
- . “Report of the Lectures Committee.” *BJH* 34 (1876): 675–677.
- , ed. *The London and Provincial Homœopathic Medical Directory*. London: H. Turner, 1866.
- . “The London School of Homœopathy.” *BJH* 35 (1877): 183–194.
- . “The London School of Homœopathy.” *BJH* 37 (1879): 93–95.

- Baynes, Donald. "Electro Surgery." *MHR* 28 (1884): 97–100.
- Benitúa Iriarte, Francisco de. Letter to Samuel Hahnemann, 29 January 1833 [copy], IHHSJ Arch.
- Beste, John. *Nowadays: Or, Courts, Courtiers, Churchmen, Garibaldians, Lawyers and Brigands, at Home and Abroad*. 2 vols. London: Chapman and Hall, 1870.
- "Biblioteca Homeopática." *Gaceta Homeopática de Madrid* 3 (1848): 501.
- "Bibliografía." *Gaceta Homeopática* 4 (1849): 264.
- Blackley, J. Galley, ed. *The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British Homœopathic Serial Literature 1874*. London: Henry Turner, 1874.
- Blanco, Eduardo and José Jordán. "Movimiento en las enfermerías durante el mes de Febrero de 1888." *ECM* 29 (1888): 64.
- . "Movimiento en las enfermerías durante el mes de Junio de 1888." *ECM* 29 (1888): 192.
- . "Movimiento en las enfermerías durante el mes de Julio de 1889." *ECM* 30 (1889): 224.
- . "Movimiento en las enfermeros durante el mes de Noviembre de 1889." *ECM* 30 (1889): 368.
- "British Homœopathic Congress." *BJH* 32 (1874): 566–567.
- British Homœopathic Society. *Laws of the British Homœopathic Society*. London: John Bale & Sons, 1893.
- Burford, G. H. "Recent Abdominal Surgery at the London Homœopathic Hospital." *MHR* 34 (1890): 360–680.
- Burford, G. H. and C. Knox Shaw. "Introductory by the Editors." *LHH Reports* 1 (1891): xv–xvi.
- Butcher, W. D. "Homœopathic Therapeutics in Surgery." *Ann. BHS* 9 (1882): 657–670.
- "Cases by William V. Drury MD, Physician Accoucheur to the Hospital." *Ann. BHS* 4 (1864): 188–192.
- "Cases Treated with High Dilutions by Mr. Yeldham MRCS Surgeon to the Hospital." *Ann. BHS* 4 (1864): 283–288; 362–370; 460–466; 533–542.
- Clarke, J. H. *Life and Works of James Compton Burnett*. London: Homœopathic Publishing Co., 1904.
- "Classified summary of the Results of Treatment of 494 In-Patients during the Year ended March 31st, 1880." *Homœopathic World* 15 (1880): 250.
- "Clínica Homeopática." *Bol. SHM* 5 (1850): 428–432.
- "Clinical Evening." *Ann. BHS* 12 (1890): 258–267.
- "Clínicas y Dispensarios Homeopáticos." *ECM* 2 (1861): 29–36.

- Coll, José Sebastian. "Homeopatía: Ventajas de la medicina homeopática; casos prácticos y reflexiones en su apoyo." *BMCF*, 2nd ser., 1 (1840): 1–6.
- Comercio, Instrucción y Obras Públicas. "Real Orden, estableciendo provisionalmente en esta corte dos cátedras de medicina y clínica homeopática." In *Colección Legislativa de España; Primer Cuatrimestre de 1850*. Vol. 49, 67–68. Madrid: Imprenta Nacional, 1850.
- "Comunicado." *ECM* 22 (1881): 55–68.
- Conde Garrote, Félix and José Jordán. "Movimiento en las enfermerías durante el mes de Agosto de 1887." *ECM* 28 (1887): 256.
- . "Movimiento en las enfermerías durante el mes de Octubre de 1887." *ECM* 28 (1887): 320.
- . "Movimiento en las enfermerías durante el mes de Diciembre de 1887." *ECM* 28 (1887): 381.
- . "Movimiento en las enfermerías durante el mes de Abril de 1888." *ECM* 29 (1888): 128.
- . "Movimiento en las enfermerías durante el mes de Agosto de 1888." *ECM* 29 (1888): 256.
- Correspondencia de España* (Madrid). "Edición de la mañana." 3 February 1878.
- Correspondencia Militar* (Madrid). "Asociación de la Prensa." 17 December 1897.
- "Crónica." *El Siglo Médico* 26 (1879): 734.
- "Crónicas." *Anfiteatro Anatómico*. 7 (1879): 202.
- Croserio, S. F. C. "Connection of Homœopathy with Surgery." Translated by P. P. Wells. *The Homœopathic Examiner* 2 (1847): 13–24.
- Curie, Eugène. "De la physiologie en médecine." Med. Thesis: Paris, 1852. BNF.
- Curie, Paul Étienne François Gustave. *Domestic Homœopathy*. London: Thomas Hurst, 1839.
- . "Essai sur les évacuations sanguines dans les maladies inflammatoires." Med. thesis: Paris, 1824. BNF.
- . *Principles of Homœopathy*. London: Thomas Hurst, 1837.
- . *Principles and Practice of Homœopathy*. London: J.-B. Baillière, 1838.
- Day, J. Roberson. "Ether as Anaesthetic." *LHH Reports* 1 (1891): 90–101.
- Dean, Michael E. "Homeopathy and 'The Progress of Science.'" *History of Science* 39 (2001): 255–283.
- Delgado, Mariano. "Medios de evitar la disensión medica." *BMCF* 1, no. 3 (1834): 17–18.

- Del Valle, Jenaro. *Historia de las Instituciones Monásticas*. 2 vols. Madrid: Angosta de S. Bernardo, 1842.
- "Departamento de Hombres y Niños: Nota estadística de los entrados en las salas de San José y Santo Tomás en el mes de Mayo ultimo." *Boletín Clínico* 1 (1881): 157.
- "Departamento de Mujeres: Notas estadísticas de las salas de San Antonio y Santa Isabel, correspondiente al mes de Febrero de 1881." *Boletín Clínico* 1 (1881): 93.
- Dickens, Charles. *Nicholas Nickleby*. Works of Charles Dickens, Household Edition. 2 vols. New York: W. A. Townsend, 1861.
- "Dinner in Aid of the Funds of the London Homœopathic Hospital." *BJH* 30 (1872): 542–555.
- "Dinner in Aid of the Funds of the London Homœopathic Hospital." *Annals BHS* 6 (1873): 367–379.
- "Dinner to Dr. Bayes." *MHR* 25 (1881): 359–374.
- "Dispensario publico y gratuito: Resumen de los enfermos que se han presentado en el dispensario en el mes de la fecha." *ECM* 22 (1881): 186.
- "Dispensario publico y gratuito: Resumen de los enfermos que se han presentado en el dispensario en el mes de la fecha." *ECM* 23 (1882): 72.
- "Dispensario publico y gratuito: Resumen de los enfermos que se han presentado en el dispensario en el mes de la fecha." *ECM* 24 (1883): 89.
- Drysdale, J. J., ed. *The Hahnemann Materia Medica*. London: Hahnemann Publishing Society, 1852.
- Dudgeon, Robert E. *A Repertory: Or Systematic Arrangement and Analysis of the Homœopathic Materia Medica Contents*. Liverpool: Hahnemann Publishing Society, 1878.
- . "Lecture on the History of Homœopathy." *BJH* 33 (1875): 244–266.
- . "On the Use of the Sphygmograph." *LHH Reports* 1 (1891): 24–30.
- . *Pathogenetic Cyclopædia*. 2 vols. London: Hahnemann Publishing Society, 1850.
- "Eighteenth Annual Report of the Board of Management of the London Homœopathic Hospital." *Ann. BHS* 5 (1868): 460–480.
- "El Dr. Hysern." *Boletín Clínico* 3 (1883): 49–52.
- El Globo* (Madrid). Vicente de la Cruz. "El Hospital de San José." 25 July 1897.
- "El Hospital Homeopático de Madrid." *ECM* 14 (1873): 384.
- El Imparcial* (Madrid). "Sección de Noticias." 12 October 1904.
- El Liberal* (Madrid). "De la Estadística del Hospital General." 8 January 1891.

- El Siglo Médico. *Colección legislativa de El Siglo Médico, con los comentarios, noticias y explicaciones que convengan para su inteligencia y ejecución.* Año de 1869. Madrid: Pascual Gracia y Orga, 1869.
- Esparza Domínguez, E. "La Homeopatía y la Cirugía." *ECM* 26 (1885): 227-233.
- "Estadística del Hospital Militar de Badajoz durante el año 1865." *Siglo Médico* 51 (1868): 619-621.
- "Extractos de las Actas: Sesión de Convocación, el 27 de Octubre de 1.845." SHM Actas. X-bis. IHHSJ Arch.
- "Faculty of Homœopathy Act." House of Commons. 14 Geo. 6 Ch. xx. S. 4. (London: HMSO, 1950).
- "Federation of British Homœopathic Hospitals." *MHR* 42 (1898): 363.
- Fernández del Río, Román. "Homeopatía; Observación de un caso de cólera morbo." *BMCF* 2nd ser., 4, no. 146 (1843): 297-300.
- "First Annual Report of the London Homœopathic Hospital, 32, Golden Square." *Homœopathic Times* 2 (1851): 726-727.
- Flores, Manuel. "Relación del movimiento de enfermos que ha tenido este Hospital durante el año de 1880." *Boletín Clínico* 1 (1881): 6-7.
- F. M. A. "Beneficencia Pública; Artículo III; Estado actual de la Beneficencia en España." *BMCF*, 3rd ser., 4 (1849): 137-149.
- "Folletín." *La Verdad* 1, no. 10 (1847): 37-38.
- Fonds "Enfantin." BNF.
- "Fourteenth Annual Report of the Board of Management of the London Homœopathic Hospital." *Annals BHS* 3 (1864): Appendix.
- Fundación Instituto Homeopático y Hospital de San José. Libro de Actas del Patronato. Vol. 1 (1890-1923). Notarized typescript copy. Actas. M1. IHHSJ Arch.
- "Further Queries anent the Golden Square Homœopathic Hospital." *Homœopathic Times* 1 (1850): 193-194.
- "Gacetilla: Hospital Homeopático." *Pabellón Médico* 12, no. 525 (1872): 215.
- "Gacetilla: Hospital Homeopático." *BMCF*, 3rd period, 13, num. 576 (1873): 264.
- García Díaz, A. "Sesión extraordinaria del 5 de noviembre 1879." *ECM* 20 (1879): 482-483.
- García López, Adrián. "Movimiento de enfermos que ha habido en el primer semestre del presente año en las salas de este Hospital." *ECM* 27 (1886): 192.
- García López, Adrián and José Jordán. "Movimiento de las enfermerías desde 1º de Julio de 1887 á 31 de Marzo de 1888." *ECM* 29 (1888): 159.

- . “Movimiento en las enfermerías durante el mes de Septiembre de 1887.” *ECM* 28 (1887): 288.
- . “Movimiento en las enfermerías durante el mes de Enero de 1888.” *ECM* 29 (1888): 32.
- . “Movimiento en las enfermerías durante el mes de Mayo de 1888.” *ECM* 29 (1888): 160.
- . “Movimiento en las enfermerías durante el mes de Septiembre de 1888.” *ECM* 29 (1888): 288.
- . “Movimiento en las enfermerías durante el mes de Octubre de 1888.” *ECM* 29 (1888): 320.
- . “Movimiento en las enfermerías durante el primer trimestre de 1889.” *ECM* 30 (1889): 96.
- . “Movimiento en las enfermerías durante el mes de Abril de 1889.” *ECM* 30 (1889): 128.
- . “Movimiento en las enfermerías durante el mes de Junio de 1889.” *ECM* 30 (1889): 192.
- . “Movimiento en las enfermerías durante el mes de Octubre de 1889.” *ECM* 30 (1889): 336.
- García López, Adrián and Nicolás Juárez Prieto. “Relación del número de enfermos que se han presentado en nuestra consulta durante el último trimestre del año anterior.” *ECM* 28 (1887): 381.
- García López, Anastasio. “Acta de la Sesión literaria celebrada por la Sociedad Hahnemanniana Matritense el día 10 de Abril de 1880.” *ECM* 21 (1880): 145-165.
- . “Dignidad Profesional.” *Boletín Clínico* 2 (1882): 269-271.
- . “Historia del Instituto Homeopático y Hospital de San José.” *Boletín Clínico* 1 (1881): 70-74.
- . “Historia del Instituto Homeopático y Hospital de San José.” *Boletín Clínico* 1 (1881): 85-91.
- . “Historia del Instituto Homeopático y Hospital de San José.” *Boletín Clínico* 1 (1881): 117-121.
- . *Lecciones de Medicina Homeopática*. Madrid: Imp. y Estereotipia de M. Rivadeneyra, 1872.
- . “Memoria presentada por la Junta Directiva en la sesión de gobierno del 18 de enero con arreglo a lo prevenido en el artículo 50 del reglamento.” *ECM* 3 (1862): 25-28.
- . “Necesidad de un hospital Homeopático para los pobres y de la enseñanza teórico-practica de la homeopatía.” *ECM* 4 (1864): 557-564.
- . “Reglamento.” *ECM* 19 (1878): 122-136.
- and José Jordán. “Movimiento en las enfermos durante el mes de Septiembre de 1888.” *ECM* 29 (1888): 288.

- and José Jordán. "Movimiento en las enfermos durante el mes de Octubre de 1888." *ECM* 29 (1888): 320.
- and Paz Álvarez. "Sección Oficial Sociedad Hahnemanniana Matritense." *ECM* 19 (1878): 121–136.
- Geiser, S. R. "Interesting London Letter." *Medical Century* 5 (1897): 241–242.
- General Board of Health Medical Council. "Report of the Committee for Scientific Inquiries in Relation to the Cholera Epidemic of 1854." House of Commons. Accounts and Papers, 1854/1855 (nº1980), xxi.
- Gilchrist, Jane. "A View from the Snack Bar." *Friends of the Royal London Hospital for Integrated Medicine*. <http://www.friendsrlhim.org/> Last accessed 12 June 2010.
- "Globulist Quackery." *Lancet* 58 (1851): 462–463.
- The Guardian* (Manchester). Ben Goldacre. "Homeopathy: someone should tell the Government that there's nothing in it." 31 December 2005.
- "Graduations at Edinburgh in 1820." *Edinburgh Medical and Surgical Journal* 16 (1820): 608.
- Great Britain Census Office, *England and Wales Census 1841*. HO107/1068. TNA.
- , *England and Wales Census 1861*. RG9/376. TNA.
- Grosvenor, Lord Robert. "Cholera. Copies of letters addressed to the General Board of Health, complaining of the omission of any notice of certain Returns in relation to the treatment of cholera; and correspondence between the President of the board and the Medical Council; with copies of the Returns which have been rejected by the Medical Council." House of Commons. Accounts and Papers, 1854/1855 (nº255), xlv.
- Hahnemann, Samuel C. F. *Organon der rationellen Heilkunde*. Dresden: Arnoldische Buchhandlung, 1810.
- . *Organon of Medicine*. Translated by R. E. Dudgeon. London: Hahnemann Publishing Society, 1893.
- and Melanie Hahnemann. *Französisches Krankenjournal* DF4. IGM.
- . *Französisches Krankenjournal* DF17. IGM.
- Hamilton, Edward. *A Memoir of F. H. F. Quin MD*. London: Privately Printed, 1879.
- Hartmann, Franz. *Die Kinderkrankheiten und ihre Behandlung nach den Principien des Homöopathischen Heilsystems*. Leipzig: T. O. Weigel. 1852.
- Hauser, Philip. *Madrid bajo el punto de vista medico-social*. 2 vols. Edited by Carmen del Moral. Madrid: Editora Nacional, 1979.

- Helmuth, Tod. *A System of Surgery*. New York: Boericke & Tafel, 1879.
- . *Surgery and its Adaptation into Homœopathic Practice*. Philadelphia: Moss & Bro., 1855.
- Hernández, Pio. “Una página mas en la historia de la homeopatía española.” *Gaceta Homeopática de Madrid*, no. 33 (1849): 385–389.
- Hingeston, J. A. “A Homœopathic Triumph.” *British Medical Journal*, 4th ser., 1, no. 71 (1858): 379.
- “Homœopathic Treatment of Cholera in London.” *BJH* 12 (1854): 686–697.
- “Homœopathy Considered in its Relation to Surgery.” *Homœopathic Times* 1 (1849): 205–210.
- “Homœopathy – The Last Move.” *Lancet* 70, no. 1786 (1857): 531.
- “Honores merecidos.” *Revista Hahnemanniana* (1884): 15.
- Hospital General. *Reglamento Interior del Hospital General*. Madrid: Oficina Tipográfica del Hospicio, 1863.
- “Hospital Homeopático,” *Boletín Clínico* 1 (1881): 77–83.
- Hospital Homeopático de San José. “Relación de los enfermos que se han presentado en la consulta pública y gratuita establecida en este Hospital durante los meses de Marzo, Abril y Mayo.” *Gaceta de Madrid*, no. 201 (1871): 160.
- . “Relación del movimiento de enfermos que ha tenido este hospital durante el año de 1878, así como otra relación del número de enfermos que se han presentado en consulta pública y gratuita establecida en este hospital desde su instalación hasta fin del año 1878.” *Gaceta de Madrid*, no. 118 (1879): 284–285.
- . “Relación del número de enfermos, que ha tenido este Hospital durante el año de 1879.” *Gaceta de Madrid*, no. 106 (1880): 115.
- . “Relación del número de enfermos, movimiento de los mismos y enfermedades que padecieron, presentados en la consulta pública de este Hospital durante el año de 1879.” *Gaceta de Madrid*, no. 106 (1880): 116.
- . “Relación del número de enfermos, movimiento de los mismos y enfermedades que padecieron, presentados en la consulta pública de este Hospital durante el año de 1880.” *Gaceta de Madrid*, no. 208 (1881): 272–273.
- Hughes, Richard. “The Licentiatehip in Homœopathy.” *MHR* 26 (1882): 194–195.
- , Herbert Nankivell and John H. Hayward. “The Hahnemann Publishing Society.” *MHR* 20 (1876): 644–649.
- Hysern y Molleras, Joaquín. “La doctrina medica homeopática.” *ECM* 1 (1860): 120–130.

- . *Tratado de la Blefaroplastia Témporo-Facial*. Madrid: Marcelino Calero, 1834.
- "I Congreso Nacional de Medicina Homeopática." *Anales de Homeopatía* 1 (1928): 13–14.
- "Informe sobre las Hijas de la Caridad." Res. 037. IHHSJ Arch.
- "Ingresos 1879." Facturas/Nóminas/Ingresos 1879/9/80. Sobre 4/1. IHHSJ Arch.
- Instituto Homeopático y Hospital de San José. *Reglamento para el régimen y gobierno del Hospital de San José y Instituto Homeopático de Madrid*. Madrid: Aribau, 1880.
- . *Reglamento para el régimen y gobierno del Hospital de San José e Instituto Homeopático de Madrid*. Madrid: Tipografía de los Huérfanos, 1887.
- "Introducción." *Anales MH* 1 (1851): 5–9.
- "Introducción." *ECM* 1 (1860): 1–5.
- "Introducción." *ECM* 18 (1877): 1–3.
- "Introduction of Homœopathy into England." *MHR* 3 (1859): 433–447.
- Isabel II. Letter to José Nuñez Pernía. June 1876. Hosp 1. IHHSJ Arch.
- [Iturralde, Victor]. "Dispensario publico y gratuito de la Sociedad Hahnemanniana Matritense, Desde Agosto 1851 hasta Diciembre inclusive del mismo." *Anales MH* 2 (1853): 267–294.
- Janer y Bertrán, Félix. "Sobre el título de medicina de José Nuñez: Carta de la Real Sociedad de Medicina de Burdeos al Respecto." *Recortes/560*. IHHSJ Arch.
- Jimeno Agius, J. *Madrid; Su población, natalidad y mortalidad*. Madrid: Establecimiento tipográfico de El Correo, 1886.
- Jordán, José. "Resumen de las consultas verificadas en este Hospital durante el primer trimestre de 1889." *ECM* 30 (1889): 95.
- . "Resumen del número de enfermos que han asistido a las consultas de este Hospital durante el mes de Abril de 1889." *ECM* 30 (1889): 127.
- . "Resumen del número de enfermos que han asistido a las consultas de este Hospital durante el mes de Mayo de 1889." *ECM* 30 (1889): 159.
- . "Resumen del número de enfermos que han asistido a las consultas de este Hospital durante el mes de Junio de 1889." *ECM* 30 (1889): 191.
- . "Resumen del número de enfermos que han asistido a las consultas de este Hospital durante el mes de Julio de 1889." *ECM* 30 (1889): 223.

- . “Resumen del número de enfermos que han asistido a las consultas de este Hospital durante el mes de Agosto de 1889.” *ECM* 30 (1889): 255.
- . “Resumen del número de enfermos que han asistido a las consultas de este Hospital durante el mes de Septiembre de 1889.” *ECM* 30 (1889): 287.
- . “Resumen del número de enfermos que han asistido a las consultas de este Hospital durante el mes de Octubre de 1889.” *ECM* 30 (1889): 335.
- . “Resumen del número de enfermos que han asistido a las consultas de este Hospital durante el mes de Noviembre de 1889.” *ECM* 30 (1889): 367.
- . “Resumen del número de enfermos que han asistido a las consultas de este Hospital durante el mes de Diciembre de 1889.” *ECM* 30 (1889): 399.
- “José Nuñez.” Leg^o 455, fols. 148–152. Archivo Histórico. Universidad de Valladolid.
- Juárez Prieto, Nicolás and José Jordán. “Movimiento en las enfermerías durante el mes de Noviembre de 1887.” *ECM* 28 (1887): 352.
- . “Movimiento en las enfermerías durante el mes de Marzo de 1888.” *ECM* 29 (1888): 96.
- . “Movimiento en las enfermerías durante el mes de Julio de 1888.” *ECM* 29 (1888): 224.
- . “Movimiento en las enfermerías durante el mes de Noviembre de 1888.” *ECM* 29 (1888): 352.
- . “Movimiento en las enfermerías durante el mes de Diciembre de 1888.” *ECM* 30 (1889): 32.
- . “Movimiento en las enfermerías durante el mes de Agosto de 1889.” *ECM* 30 (1889): 256.
- . “Movimiento en las enfermerías durante el mes de Septiembre de 1889.” *ECM* 30 (1889): 288.
- . “Movimiento en las enfermerías durante el mes de Diciembre de 1889.” *ECM* 30 (1889): 400.
- Knox Shaw, Charles. “A Report on Operative Surgery at the London Homœopathic Hospital, 1887–1890.” *LHH Reports* 1 (1891): 71.
- La Época* (Madrid). Francisco Casares. “Instituciones Madrileñas: Hospital Homeopático de San José.” 25 February 1929.
- Lafont, A. V. “Gacetilla.” *Pabellón Médico* 4 (1864): 542.
- La Ilustración* (Madrid). “La congregación de Siervas de María.” 6 December 1851.

- La Ilustración Española y Americana* (Madrid). "Hospital Homeopático en construcción por la Sociedad Hahnemanniana Matritense. 30 January 1874.
- "La medicina homeopática en presencia de la revolución española." *ECM* 9 (1868): 449–451.
- Lapiente, Alfredo. "Fractura del Cúbito y Radio – Curación." *ECM* 27 (1886): 95–96.
- La Redacción. "Nuestros Deseos." *Revista Hahnemanniana* 1 (1884): 1–4.
- La Redacción. "Nuestros Propósitos." *Boletín Clínico* 1 (1881): 1–2.
- "La Sociedad Hahnemanniana Matritense." *ECM* 11 (1870): 148.
- "La Sociedad Hahnemanniana Matritense." *ECM* 22 (1881): 72.
- "Laws and Regulations of the British Homœopathic Society." *BJH* 4 (1846): 113–126.
- "Laws and Regulations of the British Homœopathic society." *JBHS new ser.*, 1 (1802–1893): Appendix.
- "Laws and Regulations of the British Homœopathic Society, instituted in 1844." *Ann. BHS* 1 (1860): i–xvi.
- Le Dr. Beauvais de Saint-Gratien [David-Didier Roth]. *Clinique Homœopathique, ou recueil de toutes les observations pratiques publiées jusqu'à nos jours*. 2 vols. Paris: J.-B. Baillière, 1837.
- "Lista de la suscripción abierta." *ECM* 13 (1872): 215; 264; 336; 360; 408; 504 and 552.
- "London Homœopathic Hospital." *Homœopathic Times* 1 (1850): 258.
- "London Homœopathic Hospital." *MHR* 3 (1859): 280–282.
- "London Homœopathic Hospital." *MHR* 7 (1862): 631–638.
- "London Homœopathic Hospital." *MHR* 16 (1872): 371–381.
- "London Homœopathic Hospital." *MHR* 18 (1874): 372–378.
- "London Homœopathic Hospital." *BJH* 34 (1876): 522–547.
- "London Homœopathic Hospital." *MHR* 20 (1876): 365–390.
- "London Homœopathic Hospital." *Ann. BHS* 8 (1879): 64–89.
- "London Homœopathic Hospital." *MHR* 27 (1883): 365–374.
- "London Homœopathic Hospital." *MHR* 30 (1886): 122.
- "London Homœopathic Hospital." *Homœopathic World* 34 (1899): 99.
- "London Homœopathic Hospital." *Homœopathic World* 34 (1899): 219–227.
- "London Homœopathic Hospital Affairs." *BJH* 30 (1872): 182–192.
- "London Homœopathic Hospital: Annual General Meeting." *MHR* 31 (1887): 430–440.
- "London Homœopathic Hospital for Graduate Lectures." *MHR* 35 (1891): 415–419.
- "London Homœopathic Hospital, Medical and Surgical Staff 1891." *LHH Reports* 1 (1891): xiii.

- "London Homœopathic Hospital: Post Graduate Course, Summer Session – 1897." *MHR* 41 (1897): 50–51.
- "London Homœopathic Hospital: The Late Fancy Bazaar." *Ann. BHS* 5 (1868): 285–288.
- London Homœopathic Hospital. *Laws of the London Homœopathic Hospital and Medical School*. London: McCall and Cockshaw, 1851.
- London Homœopathic Hospital. *Minute Book of Annual and Special General Meetings*. Vol. 1 (1850–1943). Royal London Homœopathic Hospital Collection. CAMLIS.
- London Homœopathic Hospital. *Minutes of Board Meetings*. 1890–1899. H60/LH/A. LMA.
- London Homœopathic Hospital. *Minutes of Board Meetings*. 1900–1909. Royal London Homœopathic Hospital Collection. CAMLIS.
- London Homœopathic Hospital. *Patient Records 1889–1923*. H60/LH/B. LMA.
- London Homœopathic Hospital. *The Twenty-Fourth Annual Report of the London Homœopathic Hospital, for the Year ending 31st December, 1873*. London: Mitchell and Hughes, 1874.
- "London School of Homœopathy." *MHR* 26 (1882): 50–52.
- "Los Presupuestos y la Homeopatía." *ECM* (1886): 268–270.
- Madden, R. R. *The Literary Life and Correspondence of Countess Blessington*. 2nd ed. 2 vols. London: T. C. Newby, 1855.
- "Medical Annotations: Lord Bury on the True Faith." *Lancet* 86, no. 2207 (1865): 684–685.
- "Medical Report." *St Thomas's Hospital Reports* 1 (1870): 519–562.
- "Medicina Homeopática." *BMCF* 2, no. 83 (1835): 545.
- "Medicina Homeopática de Hannheman." *BMCF* 2, no. 34 (1835): 25–28.
- "Medicina Teórica." *BMCF* 3, no. 85 (1836): 13.
- "Medicina Teórica." *BMCF* 2nd ser., 3, no. 102 (1842): 233.
- Melendez, Andrés. "Homeopatía: Comunicado." *BMCF* 2nd ser., 5, no. 188 (1844): 217.
- "Members of the British Homœopathic Society." *JBHS* new ser., 9 (1900–1901): ii–xxviii.
- Méndez Alvaro, Francisco. "El Milagro Homeopático." *BMCF* 3rd ser., 5, no. 224 (1850): 113–115.
- "Minutes of the Annual General Meeting of 29th April, 1864." *Ann. BHS* 4 (1864): appendix.
- Moyano Samaniego, Claudio. *Ley de Instrucción Pública sancionada por S.M. en 9 de Setiembre de 1857*. Madrid: Imprenta Nacional, 1857.
- Murchison, Charles. *A Treatise on the Continued Fevers of Great Britain*. London: Parker and Bourn, 1862.

- "Necrología." *Bol. SHM* 4 (1849): 36–37.
- Nightingale, Florence. *Notes on Hospitals*. 3rd ed. London: Longman, Green, Longman, Roberts and Green, 1863.
- "Nóminas de Catedráticos y Supernumerarios 1879." *Facturas / Nóminas / Ingresos 1879/9/80*. Sobre 3. IHHSJ. Arch.
- "Nóminas Febrero 1878." *Facturas / Nóminas / Ingresos 1879/9/80*. Sobre 3. IHHSJ Arch.
- "Noticias varias." *Anales MH* 4 (1855): 534.
- "Novedades." *BMCF* 3rd ser., 2, no. 67 (1847): 120–121.
- "Novedades." *BMCF* 3rd ser., 2, no. 98 (1847): 378.
- "Novedades." *BMCF* 2nd period, 1, no. 49 (1851): 392.
- "Nuestra constancia." *Revista Hahnemanniana*, 2nd ser., 1 (1886): 1–3.
- "Nuestro Plan." *Revista Hahnemanniana* 1 (1884): 4–5.
- Nuñez Granés, José. "Cuenta general de la caja del hospital." MEM 11. IHHSJ Arch.
- Nuñez Pernía, José. "Consideraciones filosóficas sobre el dictamen de la mayoría del Consejo de Instrucción Pública, acerca de la cuestión del establecimiento de una clínica homeopática." *Bol. SHM* 3 (1848): 233–247.
- . "Escritura de constitución de la fundación." Instr. 070. IHHSJ Arch.
- . Letter to Excmo. Ministro de la Gobernación. 25 February 1878. Hosp. 18. IHHSJ Arch.
- . Letter to Sr. Ministro de la Gobernación del Reyno. 10 March 1879. Hosp. 19. IHHSJ Arch.
- . "Mi opinión sobre las dinamizaciones altísimas." *Bol. SHM* 1 (1847): 5–11.
- to Ministerio de la Gobernación. "Relación del movimiento de enfermos que ha tenido este hospital durante el año de 1878." 1 January 1879. B.1. IHHSJ Arch.
- to Ministerio de la Gobernación. "Relación del numero de enfermos que se han presentado en la consulta pública y gratuita de este hospital desde su instalación hasta fin del año 1878." 1 January 1879. B.1. IHHSJ Arch.
- and Román Fernández del Río. *Esposición que se cita en el acta que precede*. SHM. Actas. X-1-bis-2. IHHSJ Arch.
- and Tomás Pellicer. "Sociedad Hahnemanniana Matritense." *Anales MH* 6 (1857): 433–434.
- "Nursing at the London Homœopathic Hospital." *MHR* 40 (1896): 12–13.
- "Nursing Echoes." *Nursing Record* 11 (1893): 189.
- "Nursing Echoes." *Nursing Record* 15 (1895): 290–291.
- "Nursing Echoes." *Nursing Record* 16 (1895): 231.

- "Nursing Echoes." *Nursing Record* 16 (1895): 388.
- "Nursing Echoes." *Nursing Record* 16 (1895): 459.
- "Nursing Echoes." *Nursing Record* 17 (1896): 127.
- [Paget, Clarence E.]. *Autobiography and journals of Admiral Lord Clarence E. Paget, G.C.B.*, edited by Arthur Otway. London: Chapman and Hall, 1896.
- Pascual, J . and José Jordán. "Movimiento en las enfermerías durante el mes de Mayo de 1889." *ECM* 30 (1889): 160.
- Pellicer, Tomás. *Informe leído en la junta de patronato el día 9 de febrero de 1882*. Madrid: Aribau, 1882.
- . "Sección Clínica." *ECM* 21 (1880): 75–77.
- . "Letter to Excmo. Ministro de la Gobernación. 6 February 1880. IHHSJ Arch.
- Pellicer, Tomás and Manuel Flores. "Curso de 1884 a 1885." *Revista Hahnemanniana* (1884): 288.
- . Relación de las enfermedades que han padecido los 339 enfermos que fueron altas en este Hospital. *Revista Hahnemanniana* 1 (1884): 95.
- . Relación de las enfermedades que han padecido los 141 enfermos que fueron alta en este Hospital. *Revista Hahnemanniana* 1 (1884): 286.
- . "Relación del movimiento de enfermos que ha tenido este Hospital durante el año 1881." *Boletín Clínico* 2 (1882): 12–13.
- . "Relación del movimiento de enfermos que ha tenido este hospital durante el año de 1882." *Boletín Clínico* 3 (1883): 36–37.
- . "Relación del movimiento de enfermos que ha tenido este Hospital durante el primer trimestre del año de 1882." *Boletín Clínico* 2 (1882): 78.
- . "Relación del movimiento de enfermos que ha tenido este Hospital durante el primer trimestre del año de 1883." *Boletín Clínico* 3 (1883): 108.
- . "Relación del movimiento de enfermos que ha tenido este Hospital durante el segundo trimestre del año de 1883." *Boletín Clínico* 3 (1883): 204.
- . "Relación del numero de enfermos que se han presentado en la consulta pública de este Hospital durante el primer trimestre del año de 1882." *Boletín Clínico* 2 (1882): 79.
- . "Relación del movimiento de enfermos que se han presentado en la consulta pública de este Hospital durante el año 1882." *Boletín Clínico* 3 (1883): 38–39.

- . “Relación del movimiento de enfermos que se han presentado en la consulta pública de este Hospital, durante el primer trimestre del año de 1883.” *Boletín Clínico* 3 (1883): 109.
- . “Relación del movimiento de enfermos que se han presentado en la consulta pública de este Hospital, durante el segundo trimestre del año de 1883.” *Boletín Clínico* 3 (1883): 205.
- . “Relación del numero de enfermos que se han presentado en la consulta publica de este hospital durante el año de 1883.” *Revista Hahnemanniana* 1 (1884): 76–77.
- . “Relación del movimiento de enfermos que ha tenido este Hospital durante el año de 1883.” *Revista Hahnemanniana* 1 (1884): 78–79.
- . “Relación del número de enfermos ingresados en este Hospital durante el año de 1886.” *ECM* 28 (1887): 382.
- Pérez Sánchez, Francisco. “Inventario de documentación, muebles y enseres.” Inv. 005. IHHSJ Arch.
- Pidal, Pedro José. Letter to José Nuñez Pernía. 23 April 1846. SHM. Actas. X-1-bis. IHHSJ Arch.
- . *Plan de Estudios decretado por S.M. en 17 de Setiembre de 1845; seguido del cuadro general de asignaturas para las universidades del reino, y de las reales ordenes expedidas para su ejecución*. Madrid: Imprenta Nacional, 1845.
- Pope, Alfred C. “An Address Delivered at the Opening Session 1874–5 of the British Homœopathic Society.” *BHJ* 33 (1875): 114–118.
- . “Hospital Administration.” *BJH* 30 (1872): 332–360.
- . “Hospital Administration.” *Ann. BHS* 6 (1873): 299–327.
- . “Remarks on the Proposed Diploma of the London School of Homœopathy.” *MHR* 27 (1882): 274–288.
- , ed. *The Homœopathic Medical Directory of Great Britain and Ireland and Annual Abstract of British Homœopathic Serial Literature* 1869. London: Henry Turner, 1869.
- “Prefactory Notice to the First Volume of the Annals.” *Ann. BHS* 1 (1860), i–vii.
- Prieto. “Un incidente.” *El Siglo Médico* 25 (1878): 729–730.
- “Proceedings of the British Homœopathic Society.” *BJH* 4 (1846): 444–458.
- Punch* (London). “Medicine and Member for Westminster.” 8 July 1865.
- Quin, Frederick H. F. “Address of the President Dr. Quin at the First Annual Assembly of the Society, held in August 1846.” *Ann. BHS* 1 (1860): 3–14.
- . “Address of the President Dr. Quin at the last Assembly, held in June 1859, containing the History of the Institution of the

- Society, and the Establishment of the Hospital." *Ann. BHS* 1 (1860): 14-71.
- . Correspondence. VIC/QUIN. Royal Archives, Windsor.
- . *Du Traitement Homœopathique du Choléra, avec notes et appendice*. Paris: J.-B. Baillière, 1832.
- "Real Orden dictando varias disposiciones para el cumplimiento de la de 18 de enero ultimo sobre el establecimiento provisional de dos cátedras de medicina y de clínica homeopática en esta corte. *Bol. SHM* 5 (1850): 13-14.
- "Reglamento." *ECM* 30 (1878): 121-136.
- "Relación del movimiento de enfermos que ha tenido este Hospital durante el año de 1879." *ECM* 21 (1880): 54-55.
- "Report of Cases Treated in the Hospital during the Year ending March 31st, 1886." *Ann. BHS* 11 (1889): 112-116.
- "Report of In-Patients." *Annals BHS* 12 (1890): 214-222.
- "Report of In-Patients under Treatment during the Year ending March 31st, 1880." *Annals BHS* 9 (1882): 428-431.
- "Report of In-Patients under Treatment during the Year ending March 31st, 1881." *Annals BHS* 9 (1882): 642-645.
- "Report of In-Patients under Treatment during the Year ending March 31st, 1886." *MHR* 30 (1886): 603-607.
- "Report of the Council." *JBHS* 4 (1895-6): 489-490.
- "Report of the Fortieth Annual General Meeting of the London Homœopathic Hospital," *MHR* 34 (1890): 360-368.
- "Report of the London Homœopathic Dispensary." *Ann. Hom. Disp.* 1 (1840): 1-10.
- "Report of the Thirty-First Annual General Meeting of the Governors and Subscribers of the Hospital." *Ann. BHS* 9 (1882): 621-646.
- "Return of Cases Treated at the London Homœopathic Hospital, from the 10th April 1850, to 31st December 1855." *BJH* 14 (1856): 483-490.
- "Return of Cases Treated at the London Homœopathic Hospital, from April 10, 1850, to December 31, 1855." *MHR* 1 (1857): 42-50.
- "Return of Cases Treated at the London Homœopathic Hospital, from the 10th April, 1850, to 31st December, 1856, Inclusive." *MHR* 2 (1858): 123-130.
- "Return of Cases of In-Patients Treated at the London Homœopathic Hospital, Great Ormond Street, from the 20th of June to the 31st of December, 1859." *Annals BHS* 1 95-96.
- "Revista del estado de la homeopatía en el año de 1834." *Anales MH* 1 (1851): 9-28.
- Revista Española*. "Boletín: Ciencias Médicas." 10 January 1835.

- Revista popular de higiene y sanidad* (Madrid). J. Fernán-Pérez. "Entrevista a Joaquín Nuñez Grimaldos." 8 December 1933.
- Rino y Hurtado, Pedro. "Homeopatía: La Academia Real de Medicina de París frente a la homeopatía." *BMCF* 2nd ser., 5, no. 167 (1844): 50–51.
- . "Homeopatía; Necesidad de su estudio." *BMCF*, 2nd ser., 3, no. 102 (1842): 233–235.
- . "Homeopatía; Polémica entre los señores Balseyro y Rino." *BMCF* 2nd ser., 5, no. 189 (1844): 225–227.
- Rodríguez Pinilla, H. "La enseñanza de la medicina en Madrid." *Revista Hahnemanniana* 1 (1884): 374–376.
- . "Revista de la Prensa." *Boletín Clínico* 2 (1882): 65–68.
- Romero Robledo, Francisco. Letter to José Nuñez Pernía. 25 February 1878. Hosp. 18. IHHSJ Arch.
- Ruddock, Edward Harris. *Homœopathic Vademecum of Modern Medicine and Surgery*. London: Homœopathic Publishing Co., n.d.
- . *The Diseases of Infants & Children and their Homœopathic and General Treatment*. London: Jarrold and Sons, 1873.
- Ruiz Zorrilla, Manuel. "Decreto, fijado el día 1º de Noviembre para la apertura del curso académico de 1868 a 1869 en las universidades y establecimientos públicos de enseñanza, y determinando la legislación que ha de regir en esta materia." In *Colección Legislativa de España (continuación de la colección de decretos); Edición Oficial Segundo Semestre 1868*, vol. C, edited by Ministerio de Gracia y Justicia, 416–424. Madrid: Imprenta del Ministerio de Gracia y Justicia, 1868.
- Ryan, John. "Editorial Address." *MHR* 4 (1860): 1–7.
- Sampson, Marmaduke B. *The Concluding Task of the Disciples of Homœopathy: An Address, delivered to the Members of the British Homœopathic Association; Together with the Formation of a London Homœopathic Hospital*. London: Samuel Highley, 1849.
- "Sección Oficial: Sesión publica celebrada el día 10 de Abril en conmemoración del natalicio de Hahnemann en el 106 aniversario. *ECM* 2 (1861): 147–152.
- Secretaría Negociado 4º Beneficencia Núm. 990. Letter to Sr. Vicepresidente de la Junta provincial de Beneficencia. 28 June 1877. Hosp. 2. IHHSJ Arch.
- "Sesión de gobierno de 29 de Diciembre de 1850." *Bol. SHM* 5 (1850): 571–572.
- "Sesión literaria del día 13 de Marzo de 1868." *ECM* 9 (1868): 129–130.
- Sillero, José. "Instituto Homeopático." *ECM* 20 (1879): 72–80.

- "Sobre los convertidos a la homeopatía: Segundo artículo." *Bol. SHM* 3 (1848): 441-447.
- Sociedad Hahnemanniana Matritense, *Fundación de un Hospital Homeopático en Madrid*. Madrid: Imprenta de M. Rivadeneyra, 1872.
- . *Reglamento para el Régimen y Gobierno de la Sociedad Hahnemanniana Matritense*. Madrid: Establecimiento tipográfico de D. Francisco de P. Mellado, 1846. Transcript. SHM. X-1. IHHSJ Arch.
- . Resumen de los enfermos que se han presentado en el Dispensario en el mes de la fecha. *ECM* 23 (1882): 24.
- . Resumen de los enfermos que se han presentado en el Dispensario en el mes de la fecha. *ECM* 23 (1882): 72.
- . Resumen de los enfermos que se han presentado en el Dispensario en el mes de la fecha. *ECM* 23 (1882): 139.
- . Resumen de los enfermos que se han presentado en el Dispensario en el mes de la fecha. *ECM* 23 (1882): 471.
- "Sociedad Hahnemanniana Matritense." *ECM* 9 (1868): 73.
- "Société Homœopathique Gallicane: Session de 1833." *Bibliothèque Homœopathique* 5, no. 2 (1833): 325-335.
- "Society News." *JBHS* 1 (1892-3): 83-84.
- "Society News." *JBHS* 4 (1895-6): 327-328.
- "Society News." *JBHS* 5 (1896-7): 81-82.
- Somoza. "Mas sobre la escuela homeopática." *El Siglo Médico* 25 (1878): 498-502.
- "Surgery in the New Hospital." *MHR* 39 (1895): 443-448.
- "Suscripción para la Fundación de un Hospital Homeopático en Madrid." 0000-bis. IHHSJ Arch.
- Teste, Alphonse. *Traité homoeopathique des maladies aigües et chroniques des enfants*. Paris: J.-B. Baillière, 1856.
- "Testimonio." *Bol. SHM* 5 (1850): 448-449.
- "The Annual Meeting." *Ann. BHS* 6 (1873): 380-390.
- "The Annual Meeting of the Governors and Subscribers of the London Homœopathic Hospital." *MHR* 28 (1884): 364-371.
- "The British Homœopathic Society." *MHR* 3 (1859): 230-232.
- "The Fifteenth Annual Report of the Board of Management of the London Homœopathic Hospital." *Annals BHS* 4 (1865): 175-192.
- "The Hahnemann Hospital and School." *BJH* 8 (1850): 411-413.
- "The Hospital Sunday Fund." *Lancet* 102 (1873): 133.
- "The Journal of the British Homœopathic Society." *JBHS* 9 (1900-1901), advertisement appendix.
- "The Lancet." *Lancet* 23, no. 604 (1835): 931-933.

- "The Lancet." *Lancet* 48, no. 1211 (1846): 537–540.
- "The Lancet." *Lancet* 58, no. 143 (1851): 254–257.
- "The Lancet." *Lancet* 86, no. 2184 (1865): 43–45.
- "The Lancet." *Lancet* 87, no. 2221 (1866): 319–321.
- "The Lancet." *Lancet* 90, no. 2312 (1867): 773–774.
- "The London Homœopathic Dispensary, No. 31, Ely Place, Holborn." *Ann. Hom. Disp.* 1 (1840): 11–12.
- "The London Homœopathic Hospital." *Homœopathic Times* 2 (1852): 492–494.
- "The London Homœopathic Hospital." *Homœopathic Times* 4 (1853): 422.
- "The London Homœopathic Hospital." *MHR* 1 (1857): 68–72.
- "The London Homœopathic Hospital." *MHR* 2 (1858): 286–287.
- "The London Homœopathic Hospital." *MHR* 2 (1858): 613.
- "The London Homœopathic Hospital." *MHR* 26 (1882): 357–367.
- "The London Homœopathic Hospital." *MHR* 39 (1895): 405–412.
- "The London Homœopathic Hospital Nursing Institute." *MHR* 28 (1884): 308–311.
- "The London Homœopathic Hospital; Report of the 53rd Annual General Meeting of the Governors, Donors and Subscribers." *MHR* 47 (1903): 291–307.
- The Morning Chronicle* (London). [Special Correspondent]. "Labour and the Poor: The Metropolitan Districts. Letter XXV." 11 January 1867.
- The Morning Post* (London). "London Homœopathic Hospital." 23 May 1853.
- "The New Year." *MHR* 47 (1903): 2–3.
- "The Nursing Exhibition." *MHR* 40 (1896): 424–430.
- "The Nursing Institute, London Homœopathic Hospital." *MHR* 23 (1879): 761–762.
- "The Past Year." *MHR* 27 (1883): 1–9.
- "The Profession and Homœopathy." *Lancet* 71 (1858): 415.
- "The Seventh Annual Report of the London Homœopathic Hospital." *MHR* 2 (1858): 30–33.
- "The Sixteenth Annual Report of the Board of Management of the London Homœopathic Hospital." 25 April 1866. Minutes LHH GM.
- "The Sixteenth Annual Report of the Board of Management of the London Homœopathic Hospital." *Annals BHS* 4 (1866): 552–562.
- "The Temperance Hospital and the Homœopathic Hospital." *MHR* 24 (1880): 506–509.
- The Times* (London). "Course of Lectures on Materia Medica and on Clinical Surgery." 25 January 1853.

- . “London Homœopathic Hospital, Great Ormond Street.” 22 April 1858.
- . “Smallpox in London.” 21 February 1881.
- “Thomas Wakley, the Founder of the Lancet: A Biography.” *Lancet* 148, no. 3812 (1896): 822–826.
- [Torres Oliveros, M]. “La Homeopatía y el próximo Congreso Homeopático.” *El Sol de Meissen* 5 (1833): 282.
- “Triunfo de los Homeópatas.” *Pabellón Médico* 5 (1865): 51–52.
- “Twelfth Annual Report of the Board of Management of the London Homœopathic Hospital.” *Ann. BHS* 2 (1863): Appendix.
- “Twenty-Ninth Annual Report of the Hospital.” *Ann. BHS* 9 (1882): 193–226.
- Harper’s New Monthly Magazine* (New York). Twain, Mark. “A Majestic Literary Fossil.” February 1890.
- Uwins, David. *Homœopathy and Allopathy? Or, Large, Small and Atomic Doses?* London: Henry Renshaw, n.d.
- Uwins, Sarah. *A Memoir of Thomas Uwins, R.A.* 3 vols. London: Longman, Brown, Green, Longman & Roberts, 1856.
- Vallcanera, Pascual. “Alicante, enero de 1853.” *Anales MH* 2 (1853): 71–73.
- “Variedades.” *Gaceta Médica* 1 (1845): 155.
- “Variedades.” *BMCF* 3rd ser., 2, no. 94 (1847): 345.
- “Variedades.” *ECM* 11 (1870): 24.
- “Variedades.” *ECM* 19 (1878): 18.
- “Variedades.” *ECM* 20 (1879): 476.
- “Variedades.” *ECM* (1885): 336.
- Verein der homöopathischen Aerzte Münchens. *Das homöopathische Spital der Barmherzigen Schwestern zu Gumpendorf in Wien.* Munich: Georg Franz, 1855.
- Vignau, Vicente. “Dispensario Público del Hospital de San José.” *Boletín Clínico* 1 (1881): 19–21.
- Villafranca, Benigno. “Sesión extraordinaria del 24 de noviembre 1879.” *ECM* 20 (1879): 486.
- Vinyals Roig, Augusto. “La Homeopatía en España.” In *Libro del International Homœopathic Council 1924 Barcelona*, edited by Academia Médico-Homeopática de Barcelona, 299–591. Barcelona: Academia Médico-Homeopática de Barcelona, 1925.
- X. ¡Abajo el Saladero y el hospital de Madrid! *Pabellón Médico* 9 (1869): 125.
- Yeldham, Stephen. “Presidential Address delivered at the Close of the Session 1880–81.” *Ann. BHS* 9 (1882): 597–611.

Secondary Sources

- Abel, Louis and Jean-Michel Boehler. *Maisons, villages et villes d'Alsace du sud*. Strasbourg: Société Savante d'Alsace; Maisons Paysannes l'Alsace; Les Amis de l'Écomusée, 1994.
- Albarracín Serra. "Biografía del Doctor Joaquín Hysern y Molleras." *Medicina e Historia*, 3rd period, no. 45 (1992): 1–16.
- Albarracín Teulon, Agustín. "La homeopatía en España." In *Historia y Medicina en España: Homenaje al Profesor Luis S. Granjel*, coordinated by J. Riera Palmero, 215–235. Valladolid: Junta de Castilla y León, 1994.
- . "Las asociaciones médicas en España durante el siglo XIX." *Cuadernos de Historia de la Medicina Española* 10 (1971): 119–186.
- Alfonso Galán, María Teresa. "Cesario Martín Somolinos: Farmacéutico homeópata." *Bol SEHF* 39 (1988): 167–175.
- . "Contribución al el estudio histórico de la homeopatía en España a través de los médicos y farmacéuticos más representativos." PhD diss.: Universidad de Alcalá de Henares, 1987.
- . "Homöopathie in zwei Hauptstädten: Spanien." In *Dinges, Weltgeschichte*, 214–239.
- Andrés Turrión, María Luisa de. "Homeopatía: Años de máximo ardor en la lucha anti-homeopática, 1849–1855." *Bol. SEHF* 38 (1987): 307–318.
- and María José Fernández Alcalá. "El auge de la homeopatía en España (1845–1857)." *Bol SEHF* 37 (1986): 117–134.
- Antón Cortés, Félix. *125 Aniversario de la Construcción del Instituto Homeopático y Hospital de San José*. Madrid: Fundación Instituto Homeopático y Hospital de San José, 1998.
- . "El Instituto Homeopático y Hospital de San José, de Madrid, en el 125 aniversario de su inauguración oficial." Undergraduate research project diss.: Universidad para los Mayores, Madrid, 2004.
- . *Lembranza homeopática*. Seville: FEHM, 1995.
- . *Recopilación de algunos de los principales homeópatas españoles relacionados con la Sociedad Hahnemanniana Matritense y con la Fundación Instituto Homeopático y Hospital de San José*. Recopilaciones Históricas, I/1, IHHSJ Arch.
- . "Relación de la familia Real con la homeopatía Española." Unpublished manuscript, 10 November 2011, Microsoft Word File.

- Arbaiza Blanco-Soler, Silvia and Carmen Heras Casas. "Inventario de los dibujos de arquitectura de los siglos XVIII y XIX en el museo de la Real Academia de Bellas Artes de San Fernando (IV)." *Academia* 120–103 (2006): 151–332.
- Arcaraza García, Luis Alfonso. *La asistencia sanitaria en Zaragoza durante la Guerra de la Independencia española (1808–1814)*. Zaragoza: Asociación Cultural "Los Sitios de Zaragoza," 2007.
- Attwood, Edward A. *Sixty-five Years of Work: Historical Sketch of the London Homœopathic Hospital, Great Ormond Street and Queen Square, Bloomsbury, W.C.* London: London Homœopathic Hospital, 1914.
- Baltà i Monner. "Bibliografía de Félix Janer i Bertrán (1779–1865), *Revista Del Penedès* 22 (2010): 17–27. <http://www.iepenedesencs.org/> accessed 3 May 2011.
- Barbier, Frédéric. "Jean-Baptiste Baillière et l'Édition Médicale." In Gourevitch and Vincent, J.-B. *Baillière et fils*, 13–33.
- Baschin, Marion. "[...]und war ein Stück Grümpel mehr im Lande.' Die gescheiterten Versuche einer homöopathischen Ausbildung für Missionare der Basler Mission." *MedGG* 29 (2010): 229–274.
- Baur, J., ed. *Les Manuscrits du Docteur Comte Sébastien Des Guidi, Contribution à l'histoire du développement de l'homéopathie en France, Deuxième Partie, Doctrine et Techniques de l'homéopathie dans ses débuts*. Geneva: Médecine et Hygiène, 1985.
- Blackie, Margery. *The Patient not the Cure*. London: Macdonald and Jane, 1976.
- Bleker, Johanna, Eva Brinkschulte and Pascal Grosse, eds. *Kranke und Krankheiten im Juliusospital zu Würzburg 1819–1829*. Husum: Mathiesen, 1995.
- . "Krankenhausmedizin im frühen 19. Jahrhundert. In Bleker, Brinkschulte and Grosse, *Kranke und Krankheiten*, 163–174.
- Boase, C. "Quin, Frederic Hervey Foster (1799–1878)." Revised by Bernard Leary. *Oxford Dictionary of National Biography*, 692–693. Oxford: Oxford University Press, 2004.
- Bonner, Thomas Neville. *Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750–1945*. Oxford: Oxford University Press, 1995.
- Bosanquet, Anna and Maria Lorentzon. "Patients at the London Homœopathic Hospital, 1889–1923: Social Profiles and Clinical Characteristics." *BJH* 86 (1997): 166–172.
- Bradford, Thomas Lindsley. *History of the Homœopathic Medical College of Pennsylvania; The Hahnemann Medical College and Hospital of Philadelphia*. Philadelphia: Boericke & Tafel, 1898.

- Bradley, John. *Cadbury's Purple Reign; The Story behind Chocolate's Best-Loved Brand*. Chichester: John Wiley & Sons, 2008.
- Bynum, W. F. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge: Cambridge University Press, 1994.
- Bynum, W. F. and Roy Porter, eds. *Medical Fringe & Medical Orthodoxy, 1750–1850*. London: Croom Helm, 1987.
- Cameron, H. C. *Mr Guy's Hospital 1726–1948*. London: Longmans, Green and Co., 1954.
- Campbell, Anthony. *The Two Faces of Homœopathy*. London: Robert Hale, 1984.
- Canosa Zamora, Elia. *Historia de Chamberí*. Madrid: Ayuntamiento de Madrid, 1988.
- Canton-Debat, Jacques. "Un homme d'affaires Lyonnais: Arlès-Dufour (1797–1872)." PhD diss., Université Lumière Lyon 2, 2000.
- Carballo, Borja, Rubén Pallol and Fernando Vicente. *El ensanche de Madrid; Historia de una capital*. Madrid: Editorial Complutense, 2008.
- Carruthers, G. Barry and Lesley A. Carruthers. *A History of Britain's Hospitals*. London: Book Guild Publishers, 2005.
- Chung, King-Thom. *Women Pioneers in Medical Research: Biographies of 25 Outstanding Scientists*. Jefferson: McFarland, 2010.
- Clinch, George. *Bloomsbury and St. Giles Past and Present; with Historical and Antiquarian Notices of the Vicinity*. London: Truslove and Shirley, 1890.
- Comenge y Ferrer, Luis. *La medicina en el siglo XIX: Apuntes para la historia de la cultura médica en España*. Barcelona: Espasa, 1914.
- Cook, G. C. "Caring for 'Incurables:' the 150th Anniversary of the Royal Hospital for Neuro-Disability, Putney." *Postgraduate Medical Journal* 80 (2004): 426–430.
- Cooter, Roger. "Alternative Medicine, Alternative Cosmology." In *Studies in the History of Alternative Medicine*, edited by Roger Cooter, 62–77. New York: St Martin's Press, 1988.
- Craig, Barbara L. "A Guide to Historical Records in Hospitals in London, England and Ontario, Canada, c. 1800–c. 1950, Part 2." *Canadian Bulletin of Medical History* 9 (1992): 71–141.
- Davies, Anita E. "The History of MSM – Homœopathy and Natural Medicines." *Homeopathy* 96 (2007): 52–59.
- Dean, Michael Emmans. "Homeopathy and 'The Progress of Science.'" *History of Science* 39 (2001): 255–283.
- . *The Trials of Homeopathy: Origins Structure, and Development*. Essen: KVC Verlag, 2004.

- Dietemann, Édith. "Documents sur l'histoire de l'homéopathie: trois biographies exemplaires: Théodore Boeckel, Paul Curie, Pierre-Paul Jaenger." MD diss., Université Louis Pasteur Strasbourg, 1972.
- Dinges, Martin. "Die Internationalität der Homöopathie: Von den persönlichen Netzwerken der Gründergeneration zum weltweiten Boom einer Therapie in der Postmoderne." In Dinges, *Weltgeschichte*, 382–425.
- , ed. *Homöopathie; Patienten, Heilkundige, Institutionen; Von den Anfängen bis heute*. Heidelberg: K. F. Haug, 1996.
- . "Introduction: Patients in the History of Homoeopathy." In Dinges, *Patients*, 1–32.
- . "The Role of Medical Societies in the Professionalisation of Homeopathic Physicians in Germany and the USA." In Jütte, Risse and Woodward, *Historical Perspectives*, 173–198.
- , ed. *Weltgeschichte der Homöopathie: Länder, Schulen, Heilkundige*. Munich: C. H. Beck, 1996.
- and Felix S. von Reischwitz. "Homeopathy and Hospitals in History (Seminar Report)." *Homœopathic Links* 21 (2008): 50–52.
- Dingwall, Robert, Anne Marie Rafferty and Charles Webster. *An Introduction to the Social History of Nursing*. London: Routledge, 1988.
- "Dr. Pedro Rino y Hurtado." *Boletín Informativo de la Sociedad Española de Homeopatía Clásica* 24 (2008): 3–8.
- Eckart, Wolfgang U. *Illustrierte Geschichte der Medizin: Von der französischen Revolution bis zur Gegenwart*. 2 Aufl. Heidelberg; Berlin: Springer, 2011.
- Eppenich, Heinz. *Geschichte der deutschen homöopathischen Krankenhäuser; von den Anfängen bis zum Ende des Ersten Weltkriegs*. Quellen und Studien zur Homöopathieggeschichte 1. Heidelberg: K. F. Haug, 1995.
- Erlach, Alexander. *Die Geschichte der Homöopathie in der Schweiz 1827–1971*. Quellen und Studien zur Homöopathieggeschichte 12. Stuttgart: K. F. Haug, 2009.
- Eseverri Chaverri, Cecilio. *Historia de la enfermería española e hispanoamericana*. Madrid: Editorial Universitas, 1995.
- Faltin, Thomas. *Homöopathie in der Klinik: die Geschichte der Homöopathie am Stuttgarter Robert-Bosch-Krankenhaus von 1940 bis 1973*. Quellen und Studien zur Homöopathieggeschichte 7. Stuttgart: K. F. Haug, 2002.
- Faure, Olivier. "Eine zweite Heimat für die Homöopathie: Frankreich." In Dinges, *Weltgeschichte*, 48–73.

- Fernández Sáenz, Juan José. *La Prensa homeopática española en el siglo XIX*. Madrid: Fundación Instituto Homeopático y Hospital de San José, 2010.
- Foucault, Michel. *Naissance de la Clinique: une archéologie du regard médical*, 8^{ème} éd. Paris: Presses Universitaires de France, 2009.
- Freidson, Eliot. *Professional Powers: A Study of the Institutionalization of Formal Knowledge*. Chicago: University of Chicago Press, 1988.
- González-Carbajal García, Inmaculada. *La homeopatía en España: Cien años de historia*. Seville: FEHM, 2004.
- Gonzálvez Ruiz, Ramón. "La primacía de Toledo y su ámbito territorial" *Memoria Ecclesiae* 28 (2006): 383-438.
- Granshaw, Lindsay Patricia. "The Development of Hospitals in Britain since 1700 and their changing Role in Healthcare." In *History of Hospitals: The Evolution of Health Care Facilities, Proceedings of the 11th International Symposium on the Comparative History of Medicine – East and West*, edited by the Division of Medical History, Taniguchi Foundation. Osaka: Taniguchi Foundation, 1989.
- . *St. Mark's Hospital London: A Social History of a Specialist Hospital*. King's Fund Historical Series 2. London: King Edward's Hospital Fund for London, 1985.
- Gourevitch, Danielle and Jean-François Vincent, eds. *J.-B. Baillière et fils, éditeurs de médecine*. Paris: De Boccard, 2006.
- Haehl, Richard. *Samuel Hahnemann: His Life and Work, based on Recently Discovered State Papers, Documents, Letters, etc.*, translated by Marie L. Wheeler and W. H. R. Grundy, edited by J. H. Clarke and F. J. Wheeler. 2 vols. London: Homœopathic Publishing Co., 1922.
- Hamilton, Godfrey Heathcote. *Queen Square: Its Neighbourhood & Its Institutions*. London: Leonard Parsons, 1926.
- Hattori, Osamu. "Cooperation and Tensions between Homœopathic Lay Societies and Homœopathic Doctors: The Homœopathic Lay Movement in Württemberg during the Professionalisation of the Medical Profession, 1868-1921." In *Dinges, Patients*, 259-280.
- Hogarth, Stuart James. "Reluctant Patients." PhD diss.: London Metropolitan University, 2010.
- Homœopathic Research & Educational Trust. *The Royal London Homœopathic Hospital Great Ormond Street, 1849-1949*. London: Homœopathic Research & Educational Trust, 1949.
- Iezzoni, Lisa I. "100 Apples Divided by 15 Red Herrings: A Cautionary Tale from the Mid-19th Century on Comparing Hospital

- Mortality Rates." *Annals of Internal Medicine* 124 (1996): 1079–1085.
- Jeanmichel, Lucien. *Arlès-Dufour: Un Saint-Simonien à Lyon*. Lyon: Éditions Lyonnaises d'Art et d'Histoire, 1993.
- Jurj, Gheorghe. "Primeiras Influências de Hahnemann: Estudo Preliminar do Ms 87, Biblioteca de Bruckenthal." *Cultura Homeopática* 5, no. 14 (2006): 13–17.
- Jütte, Robert. "Alternative Medicine and Medico-Historical Semantics." In *Historical Aspects of Unconventional Medicine: Approaches, Concepts, Case Studies*, edited by Robert Jütte, Motzi Eklöf and Marie C. Nelson, 11–26. Sheffield: EAHMH Publications, 2001.
- . *Geschichte der alternativen Medizin: Von der Volksmedizin zu den unkonventionellen Therapien von Heute*. Munich: C. H. Beck, 1996.
- . *Samuel Hahnemann, Begründer der Homöopathie*. Munich: DTV, 2005.
- . "Samuel Hahnemanns Patientenschaft." In *Dinges, Homöopathie*, 23–44.
- . *The Hidden Roots: A History of Homeopathy in Northern, Central and Eastern Europe*. Kleine Schriften zur Homöopathieggeschichte. Stuttgart: IGM, 2006.
- . "The Paradox of Professionalization: Homeopathy and Hydropathy as Unorthodoxy in Germany in the 19th and early 20th Century." In Jütte, Risse and Woodward, *Historical Perspectives*, 65–88.
- . "Wo alles anfing: Deutschland." In *Dinges, Weltgeschichte*, 19–47.
- , G. B. Risse and J. Woodward, eds. *Culture, Knowledge, and Healing: Historical Perspective of Homœopathic Medicine in Europe and North America*. Sheffield: EAHMH Publications, 1998.
- Kinder, Susan Alison. "The Struggle for Legitimacy in Victorian Alternative Medicine: the Case of Hydropathy and Mesmerism." PhD diss.: Birkbeck College, University of London, 2005.
- Kosky, Jules. *Mutual Friends: Charles Dickens and Great Ormond Street Children's Hospital*. London: Weidenfeld & Nicolson, 1989.
- Lancaster, H. O. *Expectations of Life: A Study in Demography, Statistics and History of World Mortality*. New York: Springer, 1990.
- Lawrence, Susan C. *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth Century London*. Cambridge: Cambridge University Press, 1996.
- Leary, Bernard. "A Century of Homœopathic Pediatrics." *BJH* 84 (1995): 238–242.

- . "Cholera and Homœopathy in the Nineteenth Century." *BJH* 76 (1987): 190–194.
- . "Frederic Quin, the Founder of the Hospital." *BHJ* 78 (1989): 204–209.
- . "Homoeopathic Prescribing in the late 19th Century." *BJH* 83 (1994): 240–244.
- . "Primary Sources in Homœopathic History." *BHJ* 86 (1997): 51–54.
- . "Who was Dr. Quin?" *BJH* 75 (1986): 88–90.
- , Anna Bosanquet and Maria Lorentzon. "'It won't do any harm': Practice and People at the London Homœopathic Hospital, 1889–1923." In Jütte, Risse and Woodward, *Historical Perspectives*, 251–273.
- Lesky, Erna. *Die Wiener Medizinische Schule im 19. Jahrhundert*. Graz: Böhlau, 1965.
- Leuillot, Paul. "Socialisme et religion en Alsace dans la première moitié du XIX^e siècle: le docteur Paul Curie à Mulhouse." *Archives des Sciences Sociales des Religions* 10 (1960): 21–30.
- Lodispoto, Alberto. *Storia della Omeopatia in Italia: Storia antica di una terapia moderna*. Rome: Edizioni Mediterranee, 1987.
- López Piñero, José María. "La Medicina la Enfermedad en la España de Galdós." *Cuadernos Hispanoamericanos* 250–252 (1870–1971): 664–677. Alicante: Biblioteca Virtual Miguel de Cervantes, 2012. <http://www.cervantesvirtual.com>. Last accessed 5 June 2012.
- . "Introducción." In López Piñero, *La ciencia en la España del siglo XIX*, 11–18.
- , ed. *La ciencia en la España del siglo XIX*. Madrid: Marcial Pons, 1992.
- . *Las ciencias médicas básicas en la Valencia del siglo XIX*. Valencia: Edicions Alfons el Magnànim; Institució Valenciana d'Estudis I Investigació, 1988.
- . "Las ciencias médicas en la España del siglo XIX." In López Piñero, *La ciencia en la España del siglo XIX*, 193–240.
- . *La Medicina en la Historia*. Madrid: La Esfera de los Libros, 2002.
- Lorentzon, Maria. "Management of Nursing in 19th Century London, with Special Reference to the London Homœopathic Hospital." *BJH* 84 (1995): 55–61.
- . "Nurse Education at the London Homœopathic Hospital 1903–1947: Preparation for Professional Specialists or Marginalised Cinderellas?" *International History of Nursing Journal* 5 (2000): 20–27.

- Loussouam, Sophie. "Governesses of the Royal Family and the Nobility in Great Britain, 1750–1815." In *The Invisible Woman: Aspects of Women's Work in Eighteenth-Century Britain*, edited by Isabelle Baudino, Jacques Carré and Cécile Révauger, 47–58. Aldershot: Ashgate, 2005.
- Markham, J. David. *Napoleon and Doctor Verling on St. Helena*. Barnsley: Pen & Sword, 2005.
- McDonald, Lynn, ed. *Florence Nightingale on Society and Politics, Philosophy, Science, Education and literature*. Waterloo: Wilfrid Laurier University Press, 2003.
- Merlos Romero, Magdalena. "José Segundo de Lema: Arquitectura del siglo XIX en Aranjuez." *Espacio, Tiempo y Forma*, 7th ser., 18–19 (205–2006): 209–235.
- Merrington, W. R. *University College and its Medical School: A History*. London: Heinemann, 1976.
- Moberly Bell, E. *The Story of Hospital Almoners; The Birth of a Profession*. London: Faber and Faber, 1961.
- Mooney, Graham and Jonathan Reinartz. "Hospital and Asylum Visiting in Historical Perspective: Themes and Issues." In Mooney and Reinartz, *Permeable Walls*, 7–30.
- Mooney, Graham and Jonathan Reinartz, eds. *Permeable Walls: Historical Perspectives on Hospital and Asylum Visiting*. The Wellcome Series in the History of Medicine, Clio Medica 86. Amsterdam: Rodopi, 2009.
- Moriyama, Iwao M., Ruth M. Loy and A. H. T. Robb-Smith. *History of Statistical Classification of Disease and Causes of Death*. Edited and updated by Harry M. Rosenberg and Donna L. Hoyert. Hyattsville: National Center for Health Statistics, 2011.
- Morrell, Peter. "British Homœopathy during two Centuries." MPhil thesis, Staffordshire University, 1999.
- Neagu, Michael. "Von der Ethnohomöopathie zur Postkommunistischen Vielfalt: Rumänien." In Dinges, *Weltgeschichte*, 256–268.
- Nicholls, Phillip A. "Class, Status and Gender: Toward a Sociology of the Homœopathic Patient in Nineteenth-Century Britain." In Dinges, *Patients*, 141–156.
- . *Homœopathy and the Medical Profession*. London: Croom Helm, 1988.
- . "The Dialectic of the Hospital in the History of Homoeopathy." *Med. GG* 28 (2009): 281–302.
- and Peter Morrell. "Laienpraktiker und häretische Mediziner: Großbritannien." In Dinges, *Weltgeschichte*, 185–213.

- Pallol Trigueros, "El Distrito de Chamberí 1860–1880: El nacimiento de una nueva ciudad." Postgraduate thesis: Universidad Complutense de Madrid, 2004.
- . "El Madrid moderno: Chamberí (el Ensanche Norte), símbolo del nacimiento de una nueva capital, 1860–1931. PhD diss.: Universidad Complutense de Madrid, 2011.
- Pérez Garzón, Sisinio. "El sexenio democrático, 1868–1874." In *Historia política 1808–1874*, edited by Ana Guerrero Latorre, Sisinio Pérez Garzón and Germán Rueda Hernanz, 325–427. Madrid: Istmo, 2004.
- Pérez Peña, F. *Los últimos clínicos de San Carlos*. Madrid: Vision Net, 2005.
- Peterson, M. Jeanne. *The Medical Profession in Mid-Victorian London*. Berkeley: University of California Press, 1978.
- Porras Gallo, María Isabel. "Un acercamiento a la situación higiénico-sanitaria de los distritos de Madrid en el tránsito del siglo XIX al XX. *Asclepio* 54 (2002): 219–250.
- Porter, Roy. "The Gift Relation: Philanthropy and Provincial Hospitals in Eighteenth-Century England." In *The Hospital in History*, edited by Lindsay Patricia Granshaw and Roy Porter, 149–180. London: Routledge, 1989.
- . *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. London: Fontana Press, 1999.
- . "The Patient's View: Doing History from Below." *Theory and Society* 14 (1985): 175–198.
- Price, Philip. *Touching the Ends of the Earth; The story of Medical Service Ministries*. Ware, Hertfordshire: MSM, 2003.
- Prochaska, F. K. *Women and Philanthropy in Nineteenth-Century England*. Oxford: Clarendon Press Oxford, 1980.
- Quétel, Claude. *The History of Syphilis*. Translated by Judith Brannock and Brian Pike. Baltimore: Johns Hopkins University Press, 1992.
- Rapou, Auguste. *Histoire de la doctrine homœopathique, son état actuel dans les principales contrées de l'Europe, application pratique des principes et des moyens de cette doctrine au traitement des maladies*. Paris: J.-B. Baillière, 1847.
- Reignier, Christian. "Baillière et l'Influence Internationale de la Médecine Française." In *Gourevitch and Vincent, J.-B. Baillière et fils*, 115–138.
- Reinarz, Jonathan. "Receiving the Rich, Rejecting the Poor: Towards a History of Hospital Visiting in Nineteenth-Century Provincial England." In *Mooney and Reinarz, Permeable Walls*, 31–55.

- Ritzmann, Iris. "Children as Patients in Early Homœopathy." In Dinges, *Patients*, 119–140.
- Rivett, Geoffrey. *The Development of the London Hospital System, 1832–1982*. King's Fund Historical Series 4. London: King Edward's Hospital Fund for London, 1986.
- Rizza, Emanuela. "Vom polyzentrischen Beginn zur Einheit: Italien." In Dinges, *Weltgeschichte*, 240–255.
- Rodríguez Ocaña, Esteban, Rosa Ballester Añón, Enrique Perdiguero, Rosa María Medina Doménech and Jorge Molero Mesa, eds. *La Acción Médico-Social contra el Paludismo en la España Metropolitana y Colonial del siglo XX*. Madrid: CSIC; Eledeeme, 2003.
- Royal College of Physicians. *Collections Development Policy: RCP Library and Jerwood Medical Education Resource Centre*. London: Royal College of Physicians, 2009.
- Royal London Homœopathic Hospital. *The Royal London Homœopathic Hospital*. London: Privately printed, 1971.
- Russell, J. Rutherford. *History and Heroes of the Art of Medicine*. London: John Murray, 1861.
- Sánchez Zapatero, Javier. "Implicaciones Históricas, Literarias y Léxicas del Exilio en España: 1700–1833." *Tonos, Revista Electrónica de Estudios Filológicos* 15 (2008). <http://www.tonosdigital.es/> Last accessed 1 July 2012.
- Sauerteig, Lutz. "Vergleich: Ein Königsweg auch für die Medizingeschichte? Methodologische Fragen vergleichenden Forschens." In Paul and T. Schlich (eds): *Medizingeschichte: Aufgaben, Probleme, Perspektiven*, 266–291. Frankfurt: Campus, 1998.
- Squires, Roy James. "Marginality, Stigma and Conversion in the Context of Medical Knowledge, Professional Practices and Occupational Interests: A Case Study of Professional Homœopathy in Nineteenth Century Britain and the United States." PhD diss.: University of Leeds, 1985.
- Staudt, Dörte. "The Role of Laymen in the History of German Homœopathy." In Jütte, Risse and Woodward, *Historical Perspectives*, 199–216.
- Stolberg, Michael. *Geschichte der Homöopathie in Bayern (1800–1914)*. Quellen und Studien zur Homöopathieggeschichte 5. Heidelberg: K. F. Haug, 1999.
- . "Homöopathie und Klerus: zur Geschichte einer besonderen Beziehung." *Med. GG* 17 (1988): 131–148.

- Taylor, Jeremy. *The Architect and the Pavilion Hospital: Dialogue and Design Creativity in England 1850–1914*. London: Leicester University Press, 1997.
- Telfer, Kevin. *The Remarkable Story of Great Ormond Street Hospital*. London: Simon & Schuster, 2007.
- Tischner, Rudolf. *Geschichte der Homöopathie*. Leipzig: Schwabe, 1939.
- Valtueña Borque, Oscar. “Medicinas Alternativas, con especial atención a la homeopatía, en la Infancia y Adolescencia.” *Anales de la Real Academia Nacional de Medicina* 113, vol. 2 (1996): 341.
- Waddington, Ivan. *The Medical Profession in the Industrial Revolution*. Dublin: Gill and Macmillan, 1984.
- Waddington, Keir. *Charity and the London Hospitals, 1850–1898*. Royal Historical Society Studies in History, New Series. Woodbridge; Rochester, N.Y.: Boydell Press, 2000.
- Walford, Edward and Walter Thornbury. “Queen Square and Great Ormond Street.” *Old and New London*, vol. 4, 553–564. London: Cassell Petter & Galpin, 1878.
- Weatherall, Mark. “Making Medicine Scientific: Empiricism, Rationality, and Quackery in mid-Victorian Britain.” *Social History of Medicine* 9 (1996): 175–194.
- Weisse, Allen B. “Cardiac Surgery: A Century of Progress.” *Texas Heart Institute Journal* 38 (2011): 486–490.
- Weisz, George. “The Emergence of Specialization in the Nineteenth Century.” *Bulletin of the History of Medicine* 77 (2003): 536–575.
- Willfahrt, Joachim. “Wie der homöopathische Apotheker und Verleger Willmar Schwabe (1839–1917) und seine Wegbereiter im Laufe des 19. Jahrhunderts der Homöopathie ein Millionenpublikum verschafften.” In Dinges, *Homöopathie*, 270–295.
- Wilson Carpenter, Mary. *Health, Medicine and Society in Victorian England*. Santa Barbara: Praeger, 2010.
- Winston, Julian. “A Brief History of Potentizing Machines.” *BHJ* 78 (1989): 59–68.
- . *The Heritage of Homœopathic Literature*. Tawa, NZ: Great Auk Publishing, 2001.
- Wolff, Eberhard. “‘...nichts weiter als eben einen unmittelbaren persönlichen Nutzen...’: Zur Entstehung und Ausbreitung der homöopathischen Laienbewegung.” *Med. GG* 4(1985): 61–97.
- . “Sectarian Identity and the Aim of Integration: Attitudes of American Homeopaths Towards Smallpox Vaccination in the Late Nineteenth Century.” In Jütte, Risse and Woodward, *Historical Perspectives*, 217–250.

- Woodward, John. *To do the Sick no Harm: A Study of the British Voluntary Hospital System to 1875*. London: Routledge; Kegan Paul, 1974.
- Youngson, A. J. *The Scientific Revolution in Victorian Medicine*. London: Croom Helm, 1979.

Tertiary Sources

- [American Public Health Association]. *The Bertillon Classification of Causes of Death*. Lansing: Robert Smith Printing Co., 1899.
- Beeton, Samuel Orchart. *Beeton's Medical Dictionary*. London: Ward, Lock & Co., 1871.
- Bradford, Thomas Lindsley. *Pioneers of Homœopathy*. Philadelphia: Boericke & Tafel, 1897.
- Díaz Ménguez, Isabel. *Catálogo de la Biblioteca del Instituto Homeopático y Hospital de San José*. Investigaciones Bibliográficas sobre Autores Españoles. Madrid: Fundación Universitaria Española, 2008.
- Dictionary of Scottish Architects*. <http://www.scottisharchitects.org.uk>. Last accessed 14 December 2010.
- Dunlison, Robley. *A Dictionary of Medical Science: with the Accentuation and Etymology of the Terms, and the French and other Synonyms*. London: J. & A. Churchill, 1876.
- Henriques, Amos. *The Homœopathic Medical Dictionary, and Home Guide*. London: W. Headland, 1850.
- Hurtado de Mendoza, Manuel. *Vocabulario médico-quirúrgico o Diccionario de medicina y cirugía*. Madrid: Boix, 1840.
- Maxiariarth and José Fernández Bremón. *Unos cuantos seudónimos de escritores españoles con sus correspondientes nombres verdaderos*. Corrected and augmented ed. Madrid: Est. Tipográfico "Sucesores de Rivadeneyra," 1904.
- Ortiz García, Ana and Ángel Prieto Martínez. *Catálogo de la Fundación Instituto Homeopático y Hospital de San José*. Unpublished catalogue: Fundación Instituto Homeopático y Hospital de San José, 2012.
- Oxford Dictionary of National Biography* (Oxford: OUP, 2004).
- Real Academia de Historia. *Diccionario biográfico español*. 30 vols. Madrid: Real Academia de Historia, 2009–2012.
- [Royal College of Physicians]. *The Nomenclature of Diseases drawn up by a Joint Committee appointed by the Royal College of Physicians of London*. London: HMSO, 1896.
- Schroers, Fritz D. *Lexikon deutschsprachiger Homöopathen*. Stuttgart: K. F. Haug, 2006.

- Thomas, Joseph. *A Comprehensive Medical Dictionary: containing the pronunciation, etymology, and signification of the terms made use of in Medicine and the kindred sciences*. Philadelphia: J. B. Lippincott, 1864.
- Villers and Pujol. *Diccionario de medicina, cirugía y farmacia para uso de las familias*. Madrid: Imp. De la "Correspondencia Española," 1861.
- World Health Organization. *International Classification of Diseases*. 10th ed. www.who.int/classifications/icd

Details of Archival and Rare Book Repositories

- Archivos de la Fundación Instituto Homeopático y Hospital de San José: Fundación Instituto Homeopático y Hospital de San José, Calle de Eloy Gonzalo 3 y 5, 28010 Madrid, Spain.
<http://www.hospitalhomeopatico.es/>
- Archives and Library of the British Homœopathic Association, the Faculty of Homœopathy and Hahnemann House Trust: British Homœopathic Association, Hahnemann House, 29 Park Street West, Luton LU1 3BE, United Kingdom.
<http://www.britishhomeopathic.org/>
- Archivo General de Palacio: Palacio Real, Calle de Bailén s/n, 28071 Madrid, Spain.
<http://www.patrimonionacional.es/>
- Archivo General Militar de Segovia: Plaza Reina Victoria Eugenia, s/n, 40003 Segovia, Spain.
<http://www.portalcultura.mde.es/cultural/archivos/castillaLeon/>
- Archivo Histórico Universidad de Valladolid: Servicios Centrales, Archivo Universitario, Plaza de la Universidad, s/n, 47002 Valladolid.
<http://www.uva.es/>
- Biblioteca Nacional de España: Paseo de Recoletos,
- Bibliothèque Nationale de France: Quai François-Mauriac, 75706 Paris, France.
<http://www.bnf.fr/>
- CAMLIS Archive: Complementary and Alternative Medicine Library and Information Service, The Royal London Hospital for Integrated Medicine, 60 Great Ormond Street, London WC1N 3HR, United Kingdom.
<http://www.cam.nhs.uk/about/archive/>

- Homöopathie-Archiv des IGM: Institut für Geschichte der Medizin der
Robert Bosch Stiftung, Straußweg 17, 70184 Stuttgart, Germany.
<http://www.igm-bosch.de/>
- London Metropolitan Archives: 40 Northampton Road, London EC1R
oHB, United Kingdom.
<http://www.cityoflondon.gov.uk/lma/>
- The National Archives: Ruskin Avenue, Kew, Richmond-upon-Thames,
Surrey TW9 4DU, United Kingdom.
<http://www.nationalarchives.gov.uk/>
- The Royal Archives: Round Tower, Windsor Castle, Windsor, Berkshire
SL4 1NJ, United Kingdom.
<http://www.royal.gov.uk/>

Appendices

For ease of access and due to the size of some of the documents, appendices have been split between those printed as part of this study's main body and those included on the attached CD-ROM.

The following appendices are included in printed form:

- A. Original language quotes.
- B. Dispensaries and Homœopathic Institutions existing in London between 1853 and 1875.
- C. Architectural drawings of the London Homœopathic Hospital, 1895.
- D. Chronological list of homœopathic periodicals published in nineteenth-century London and Madrid.

Due to size requirements, the following appendices are included on the attached CD-ROM as portable document format (PDF) files, requiring Adobe Acrobat Reader or similar PDF-reading software:

- E. Honorary Medical Officers of the London Homœopathic Hospital, 1850–1949.
- F. Tabulated Statistical Data for the London Homœopathic Hospital.
- G. Tabulated Statistical Data for the Instituto Homeopático y Hospital de San José.

Appendix A

Original Language Quotes

For simplicity, all non-English passages quoted in this thesis have been given in my own translation. In the interest of accuracy, the original French, Spanish and German passages are reproduced here, ordered by corresponding footnote number.

- 25: de la classe pauvre, j'arriverai sûrement à la classe riche
- 87: L'établissement ... va servir à la régénération de la science ... je vais me trouver à la tête d'un hôpital qui me mettra a même de former des homes autant que d'être utile à la classe la plus nombreuse et la plus souffrante...
- 111: Dieu qu'il est amusant, ce petit Quin
- 126: Comme il ne peut pas s'exempter la sort des humains il ne doit travailler que jusque à 10h – alors causer avec un ami pendant une heure et après d'avoir pris son médicament se coucher, la tête libre des idées empreintes par la lecture ou autre travail d'esprit. ... sans se donner assez d'aise ou des heures de loisir l'organisme chroniquement malade ne saurait pas se réparer pas même par les remèdes les plus convenables.
- 241: médicos de Universidad o puros; médicos cirujanos o de colegio; cirujanos Latinos, romancistas, cirujanos sangradores, y últimamente boticarios.
- 249: porque deseamos que todas las opiniones se discutan y se apure de este modo la verdad.
- 251: los médicos españoles no se hallan en estado de sostener muchos de su ciencia, como lo prueba la frecuente aparición y cesación de algunos que, apenas ven la luz pública, tienen que suspenderse por falta de lectores ó cambiar de nombre y de forma para atraérselos con esta novedad

- 256: Nos sorprende en verdad que haya quien crea que las injurias personales, los groseros insultos y las mas duras calificaciones son apropósito para defender ninguna opinión, por mas exacta que sea ...
- 272: Propagar y defender la doctrina homeopática, e instruir a cuantos de buena fe quieran aprenderla y practicarla
- 281: Estaban los médicos de cámara, hoy compañeros del Sr. Nuñez, esperando ver a S. M., cuando llegó este señor homeópata recientemente agraciado, y sin mas ceremonial fue admitido à la presencia de la Reina. A los demás médicos que esperaban se les hizo presente que S. M. seguía sin novedad en su importante salud
- 289: La verdad puede descubrirse en Alemania, en Francia, ó en España; pero no es, no puede ser alemana, francesa, ni española. La verdad, á diferencia del error, no es local, ni personal, sino por el contrario universal en su esencia.
- 319: [La S.H.M.] en medio de una época de convulsiones políticas, desea hacer oír la voz de la caridad por encima de la confusión de las ideas, de la lucha de las pasiones y de los odios ... y mantener ... un asilo para las clases desvalidas, un hospital donde pueda dárseles la asistencia homeopática en sus enfermedades
- 363: de no ponerse en pugna con el Marqués de Nuñez, a quien tanto debía la escuela homeopática, y sin cuyo poderoso concurso no se hubiera llevado a termino la construcción del Hospital. No querían darle disgustos contrariando sus propósitos, aun cuando estos se separasen de algunas de las pretensiones de la Sociedad. Sus muchos servicios, su edad avanzada ... le hacían acreedor a tales consideraciones.
- 588: llegan á Madrid ya mezcladas con sustancias orgánicas en descomposición, y en ciertas ocasiones contienen en las Fuentes públicas bacterias de putrefacción procedentes de deyecciones humanas.
- 619: practicar las operaciones con la profusión con que hoy se hacen, exhibiéndolas por todos los medios posibles como si fueran artículos de lujo, hacienda comprender a los enfermos su

necesidad imperiosa por la ciencia sancionada ... esto es muy censurable

- 765: aún hay que protestar y seguir protestando siempre de que pueda ser posible graduarse de doctor en Medicina y Cirujía sin haber visto un solo caso de sarampión: aún es necesario protestar y reclamar clínicas y más clínicas, y es igualmente preciso hacer saber que el joven que desea como el que esto escribe, aprender algo de enfermedades de los ojos, necesita acudir á la amabilidad de un Dr. Osío, por ejemplo, ó si saber quiere enfermedades de la piel, recomendación para el Dr. Olavide, ó si sifiliografía, con algún otro especialista.
- 771: Sucede a menudo que los homeopatas principiantes administran sin efecto en un caso dado de enfermedad el mismo medicamento que en otro caso a su parecer igual produjo una curación pronta y segura.
- 781: ¿Y que se va a enseñar en esa casuca destinada hasta aquí para hospital homeopático ...? ¿Y que título habrá que dares a los que sigan esa carrera? ... Para hospitalejo destinado a contener algunos sanos famélicos o media docena de enfermos leves ya podía server aquel edificio; mas para escuela no sirve en manera alguna ...
- 787: El profesor examina al enfermo sobre los antecedentes y causas de su enfermedad, le reconoce tan prolijamente como el caso lo requiere, llama la atención de los alumnos, no solo sobre los antecedentes y estado actual del individuo, sino sobre aquellas particularidades que deben tenerse en cuenta para el diagnóstico y la elección del medicamento conveniente. El profesor excita a los mismos a que reconozcan detenidamente al enfermo y expongan las dudas que se les ofrezcan, después de oída su opinión. ... Cuando los casos se hacen notables por su originalidad o por su gravedad, un alumno médico se encarga de observar con frecuencia al paciente y tomar los apuntes necesarios para hacer en su día la historia de la enfermedad.
- 819: los datos pertenecientes á la parte económica del establecimiento, consignando los recursos con que cuenta, las recaudaciones conseguidas por la Junta de Señoras, las rentas y donativos de que dispone, así como su inversión, con el fin de enterar a cuantos

contribuyen al sostenimiento de esta Institución benéfica de la manera como se halla administrada

- 824: La Revista Hahnemanniana procurará demostrar que los homeópatas son tan médicos como los demás y no desatienden ningún género de estudio referente á su ciencia; con lo que demostrará que ellos son ante todo y sobre todo médicos.

Appendix B

Homœopathic Dispensaries and Institutions in Greater London between 1853 and 1875 (excluding the LHH and the Hahnemann Hospital)

This list of establishments is compiled from the following contemporary medical directories (in chronological order). The years indicated for each institution show its year of foundation (where known) or its first identified mention in a homœopathic medical directory:

- Bayes, William, ed. *The London and Provincial Homœopathic Medical Directory*. London: H. Turner, 1866.
- Pope, Alfred C., ed. *The Homœopathic Medical Directory of Great Britain and Ireland and Annual Abstract of British Homœopathic Serial Literature 1868*. London: H. Turner, 1868.
- Pope, Alfred C., ed. *The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British Homœopathic Serial Literature, 1869*. London: H. Turner, 1869.
- Nankivell, Herbert, ed. *The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British Homœopathic Serial Literature, 1870*. London: H. Turner, 1870.
- Nankivell, Herbert, ed. *The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British Homœopathic Serial Literature. To which has been added a List of Foreign Physicians in Homœopathic Practice. 1871*. London: H. Turner, 1871.
- Nankivell, Herbert, ed. *The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British and American Homœopathic Serial Literature. To which has been added a List of Foreign Physicians in Homœopathic Practice. 1872*. London: H. Turner, 1872.
- Shuldham, E. B., ed. *The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British and American Homœopathic Serial Literature. To which has been added a List of*

Foreign Physicians in Homœopathic Practice. 1873. London: H. Turner, 1873.

- Blackley, J. Galley, ed. *The Homœopathic Medical Directory of Great Britain and Ireland, and Annual Abstract of British Homœopathic Serial Literature*, 1874. London: H. Turner, 1874.
- Freeman, W., ed. *The British Homœopathic Medical and Pharmaceutical Directory, 1875: A List of the Physicians, Surgeons, and Veterinary Surgeons practising Homœopathy, and of the Homœopathic Chemists in Great Britain and Ireland; also a List of the Principal Towns, Watering Places, and Health Resorts, with Climatic and Hygienic Descriptions.* London: Homœopathic Publishing Company, 1875.

Bermondsey Homœopathic Dispensary (1874)

Location: 161 Palmerston Terrace, Jamaica Road.
Physician: Dr. McConnell Reed.

Blackheath Home for Gentlewomen (Established 1868)

Patron: William Leaf, Esq.
Chaplain: The Rev. Edward Ellis, LL.D.
Honorary Surgeon: R. M. Theobald, Esq.
Description: This institution has been established to provide a home for ladies in sickness or in health, whose means are too limited to enable them to secure the comfort and accommodation their condition may require. Board, lodging, and medical attendance are supplied for a monthly payment proportioned to the means of those received. In the case of invalids, a medical certificate is required; no ladies being admitted who are suffering from insanity or any infectious disorder.

Blackheath Homœopathic Dispensary (1868)

Chairman: Major-General Clarke.
Committee: W. B. Adams, Esq.; F. Bennoch, Esq.; R. Cornell, Esq.; Capt. Seymour; W. Smith, Esq.; Rev. J. Thompson.
Treasurer: W. Capper, Esq.
Secretary: Rev. B. Waugh.

Medical officers: R. M. Theobald, Esq.; J. H. Smith, Esq.;
Alfred C. Pope, Esq.
Chemist: Mr. Urell.

Brixton Homœopathic Dispensary (1873)

Location: New Park Road, Brixton Hill.
President: William Leaf, Esq.
Committee: Joseph Bartrum, Esq.; Rev. J. Baldwin
Brown, B.A.; John Burton, Esq.;
Christopher H. Gabriel, Esq.; C. W. C.
Hutton, Esq. FRGS JP; Robert Hyatt, Esq.;
W. Newmarch, Esq., FRS JP; Rev. Aubrey C.
Price, B.A.; Henry Sewell, Esq.; Stanley
Kemp Welch, Esq.
Hon. Treas. And Sec.: P. P. Grellier, Esq.
Medical Officers: Hugh Hastings, MD MRCS LSA; Alexander
Walker LRCP LM
Asst. Sec. and Chemist: B. C. Pond

Bromley Homœopathic Dispensary (1869)

Location: High Street.
Medical Officer: Dr. A. O. Jones.

Bromley-by-Bow Homœopathic Dispensary (1873)

Location: 3 St. Leonard's Street
Physician: Dr. W. Frost.

Brompton Homœopathic Dispensary (1869)

Location: 68 Fulham Road.
Physician: Dr. Neville Wood.

Burdett Road Homœopathic Dispensary (1874)

Location: Obelisk House, Burdett Road, Mile End.
Physician: DR. James Dixon.

Camden Road Homœopathic Dispensary (1874)

Location: 102 Camden Road.
Physician: Dr. Neatley.
Chemist: Mr. T. Caseby.

Chelsea Homœopathic Dispensary (Established 1832)

Location: Commercial Hall, King's Road, Chelsea.

Physician: Dr. Neville Wood.
 Surgeon: D. Smith, Esq. MRCSE

City Homœopathic Dispensary (1869)

Location: 20 Moorgate Street.
 Medical Officer: H. Robinson, Esq.

City Road Homœopathic Dispensary (1873)

Location: 399 Near "The Angel."
 Medical Officer: Dr. Shephard.

Clapham Homœopathic Dispensary (1853)

Location: Clapham Old Town.
 Physician: Dr. E. Cronin.

Clapton (Lower) Homœopathic Dispensary (1872)

Location: 14 Clarence Road
 Medical Officer: Mr. E. W. Alabone.

Clerkenwell and Finsbury Homœopathic Dispensary (1873)

Location: 37 Worship Street.
 Physician: Dr. Washington Epps.

Croydon Homœopathic Dispensary (Est. 1868)

Location: 19 George Street.
 Medical Officer: Dr. Fleury.

Dalston Homœopathic Dispensary (1871)

Location: High Street
 Medical Officer: Dr. G. E. Allshorn.

Ealing Homœopathic Dispensary (1872)

Location: 9 Florence Terrace.
 Medical Officer: Dr. T. W. Burwood.

East-End Homœopathic Dispensary. (1868)

Location: 1 Regent's Canal Place, Stepney.
 President: The Rev. A. P. Black, M. A.
 Vice-President: Capt. P. Campbell, R. N.
 Committee: Mr. Butler; Mr. Coster; Mr. Humm; Mr. Sawkins; Mr. Thornton; Mr. Canniford; Mr. Kerchen; Mr. Itinger.

Treasurer:	G. H. Harrington, Esq.
Hon. Secretary:	Mr. W. Pettit.
Physician:	Dr. McConnell Reed.

East London Homœopathic Dispensary (Established 1843)

Location:	9 Artillery Place.
Physician:	Dr. Barry.

East London Homœopathic Dispensary, Whitechapel Branch (Established 1850)

Location:	34 Gloucester Terrace, Commercial Road East.
Physician:	Dr. Barry.

East London Homœopathic Dispensary and Dental Surgery (1874)

Location:	Obelisk House, Burdett Road, Mile End.
Medical Officer:	Dr. D. Dixon, MB MRA.
Consulting Physician:	Dr. Ryley.
Dispenser & Operator:	J. B. Dixon, MD. (US), DDS (Balt.).

East London Medical Mission (1872)

Location:	Artillery Rooms, Artillery Street, Bishopsgate.
Medical Officer:	Dr. B. Ben Zion.
Hon. Sec.	W. E. Knight, Esq.

Earlswood House Homœopathic Dispensary (1873)

Location:	Tower Street, London Fields, Hackney.
Physician:	Dr. Alabone.

Forest Hill Homœopathic Dispensary (1871)

Location:	Devonshire Road, Forest Hill.
Hon. Sec.:	Lieut.-Col. W. Jervis.
Medical Officer:	Dr. Williams.

Hackney Homœopathic Dispensaries (1868/1870)

Location:	Triangle, Hackney. (1868)
Surgeon:	R. Roberts, Esq.

Location:	Tower Street (1870).
Physician:	Dr. E. W. Alabone.

Hahnemannian Medical Institution and Dispensary (Established 1850)

Location: Welbeck Street, Manchester Sq.
 Consulting Physician: Dr. Laurie.
 Physicians: Dr. A. Henriques; Dr. Wielobycki.
 Surgeons: Mr. Leadam; Mr. D. Smith.
 Physician-Accoucheurs: Dr. A. Henriques; Dr. Wielobycki.
 Surgeon-Accoucheurs: Mr. Leadam; Mr. D. Smith; Mr. J. Anderson.

Hammersmith Homœopathic Dispensary (1872)

Location: 80 The Grove.
 Medical Officer: Joseph Hands, Esq.

Homœopathic Medical Institution (Established 1851)

London: 6 Hackney Grove.

Islington Homœopathic Dispensary (established 1845)

Location: 20 Claremont Place, New Road (1845).
 114, Pentonville Road (1868).
 Committee: Fred. Sandoz, Esq.; George Friend, Esq.;
 George Powell, Esq., John Hardy, Esq.; Rev.
 A. R. G. Thomas; William Cooper, Esq.;
 William Serre, Esq.
 Physician: Dr. Chepmell.
 Chemist: Mr. Headland.
 Dispenser: Mr. Brunet.

Kensington Homœopathic Dispensary (1869)

Location: 2 Holland Terrace, Holland Road.
 Physician: Dr. Watson.

Lower Tottenham Infirmary for Women and Children.(1868)

Trustees: R. N. Fowler, Esq.; E. Ellis, Esq.; Joseph
 Howard, Esq.; Theodore Howard, Esq.
 Treasurer: W. Booker, Esq.
 Hon. Sec.: M. Laseron, Esq., M.D.
 Consulting Physicians: Dr. Joseph Kidd; Dr. Edward Phillips.
 Physician: Dr. Laseron.
 Surgeon: Dr. Kenny.
 Number of beds: 20.

Description: This infirmary is in connection with the *Girls' Industrial Orphan Home*, an Institution for the maintenance of 120 orphan children. Also in connection with it is the *Evangelical Protestant Deaconesses' Institution* for training nurses to be sent out, when sufficiently educated in their duties, to hospitals and private families in need of their services. Eighteen deaconesses have been in training during the past year. Application for the services of the deaconesses is to be made to the Physician.

Marylebone Homœopathic Dispensary 1868

Location: 25, Edgware Road.
Physician: Dr. Wylde.

Newington Homœopathic Dispensary (established 1850)

Location: 15 Alfred Place, Newington Causeway.
Medical Officer: Mr. Anderson.

North London Homœopathic Dispensary 1868

Location: 87, Essex Road, Islington.
Physician: Dr. Morgan.

North London Homœopathic Medical Establishment (established 1842)

Location: 10 Chadwell Street.
Physician: Dr. Viettinghoff.

Norwood (Upper and Lower) Homœopathic Dispensary (1873)

Location: Church Road.
Medical Officer: Dr. Cutmore.
Chemists: Messrs. Morland and Co.

Penge Homœopathic Dispensary (1875)

Location: Maple Road.
Secretary: Mr. A. Wilson.

Pentonville Homœopathic Dispensary (established 1846)

Location: 25 Percy Circus, Pentonville.

Medical Officer: Mr. Millard.

Pimlico Homœopathic Dispensary (1871)

Location: 114 Ebury Street.

Physicians: Dr. Arch. Hewan; Dr. E. W. Berridge; Dr. J. Jones.

Chemist and Sec.: Mr. Alfred Heath.

Poplar Homœopathic Dispensary (1873)

Location: Burdett Road.

Medical Officer: Dr. T. B. Dixon.

Richmond Homœopathic Dispensary 1866

Location: 1, George Street, Richmond.

Physician: Dr. Harmer.

Soho Homœopathic Dispensary (established 1852)

Location: 18 Denmark Street, Soho.

Physicians: Dr. Griffiths Jones; Dr. Edward Bates.

Surgeon: Mr. Morgan.

Dentist: Mr. Athey.

Southgate Homœopathic Dispensary (1875)

Location: Alsace House, Winchmore Hill.

Secretary: Mr. Alliston.

Streatham Homœopathic Dispensary (1869)

Location: Streatham Common

President: W. Leaf, Esq.

Hon. Secretary: Miss Leaf.

Physician: Dr. E. Cronin.

Stoke Newington Homœopathic Dispensary (1871)

Location: High Street.

Medical Officer: Dr. G. E. Allshorn.

Sydenham, Norwood and Forest Hill Homœopathic Dispensary

Location: 9, Kirkdale, Sydenham.

Physician: Dr. Ransford.

Wandsworth Homœopathic Dispensary (1873)

Physician: Dr. Ussher.

Westbourne Grove Homœopathic Dispensary (1868)

Location: 2, Hereford Road, Bayswater.

Physician: Dr. Markwick.

Western Homœopathic Dispensary (1868)

Location: 111 Westbourne Grove.

Medical Officer: S. S. Stephens, Esq.

Westminster and St. George's Free Dispensary for Consumption and Diseases of the Chest (established 1849)

Location: 22 Davies Mews.

Medical Officer; Mr. Wilson.

Wimbledon Homœopathic Dispensary (1873)

Location: 10 St. George's Road.

Medical Officer: Dr. J. W. von Tunzelmann.

Woolwich Homœopathic Dispensary (1868)

Location: 60, Powis Street, Woolwich.

Medical Officer: W. Rowbotham, Esq.

The British Homœopathic Drug-Proving Association (1868)

Location: 20, Moorgate Street, Bank.

Instituted: 1862 by Henry Robinson, BA MRCS, Formerly Surgeon to the London Homœopathic Hospital.

Description: The object of this association is to obtain a more exact knowledge of the power of drugs and the art of healing.

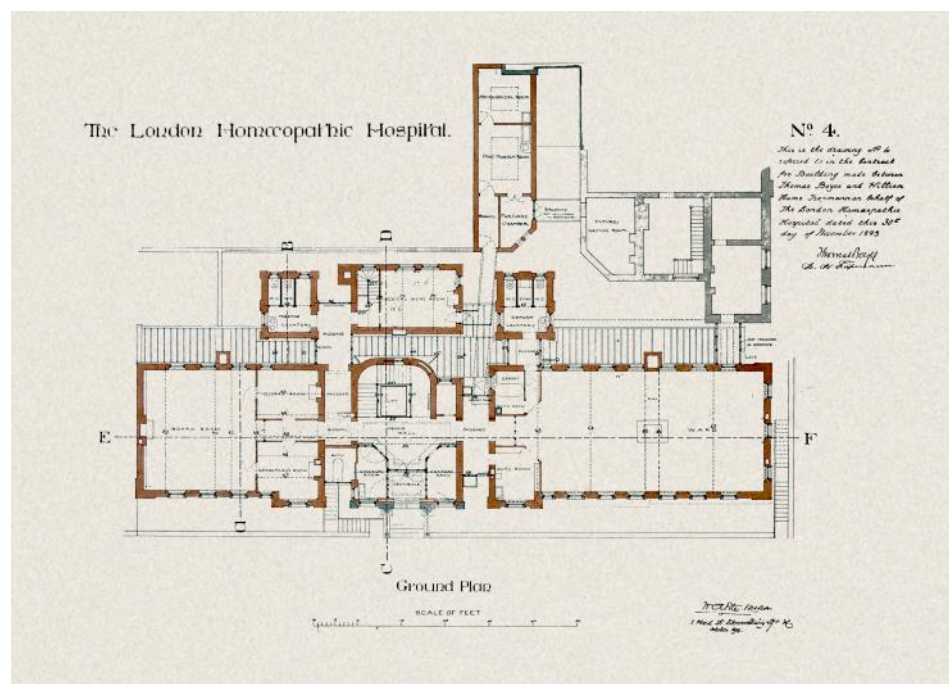
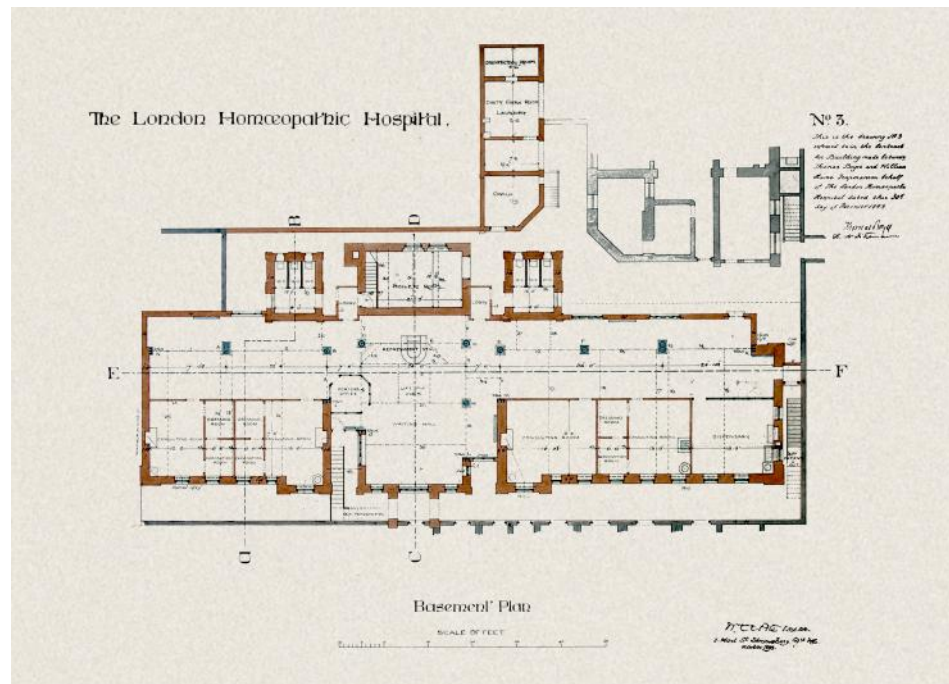
Appendix C

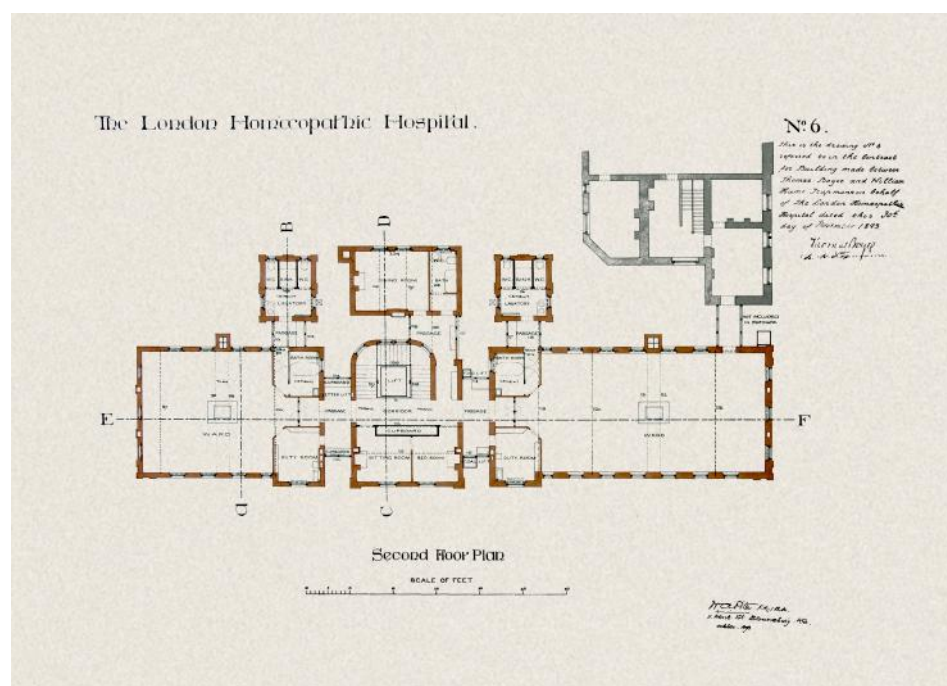
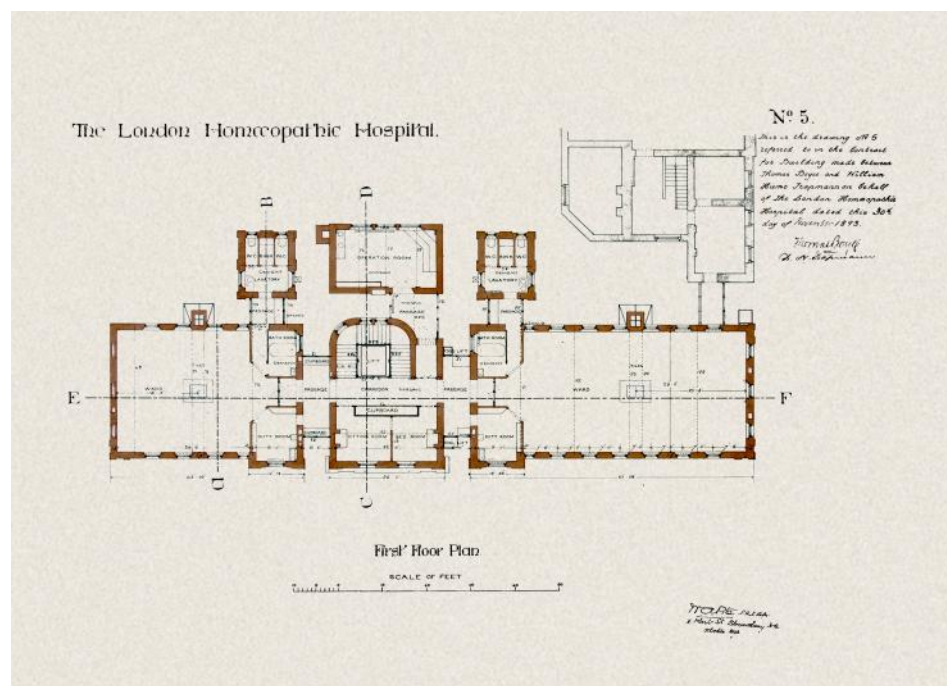
Architectural Drawings and Illustrations of the London Homœopathic Hospital, 1895.

The following pages contain reproductions of the original architectural watercolour illustrations produced by the London Homœopathic Hospital's honorary Architect William Pite, for the complete reconstruction of the institution in 1895 and an illustration of the hospital and nurses' home published in *The Builder* magazine after the construction of the "Henry Tyler Wing" in 1911.

The 1895 images have been reproduced with the kind permission of the Friends of the Royal London Homœopathic Hospital for Integrated Medicine (previously known as the Friends of the Royal London Homœopathic Hospital).

The 1911 illustrations have been obtained courtesy of Mr. Francis Treuherz.



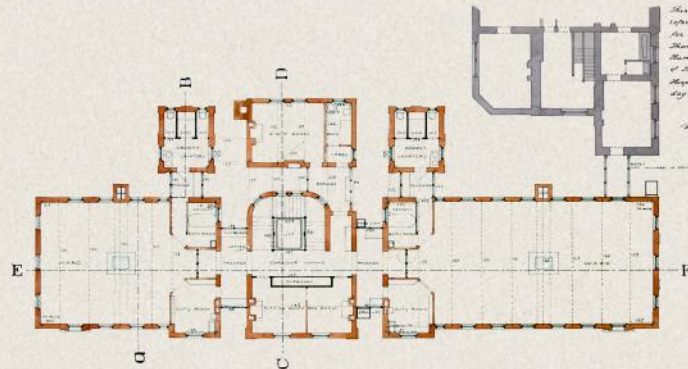


The London Homoeopathic Hospital.

Nº 7

This is the drawing of the
referred to in the Report
of the Building and
Thomas Rogers and William
Thomas Rogers on behalf
of the London Homoeopathic
Hospital dated the 30th
day of the month of 1845.

Thos. Rogers
A. W. Rogers



Third Floor Plan

SCALE OF FEET

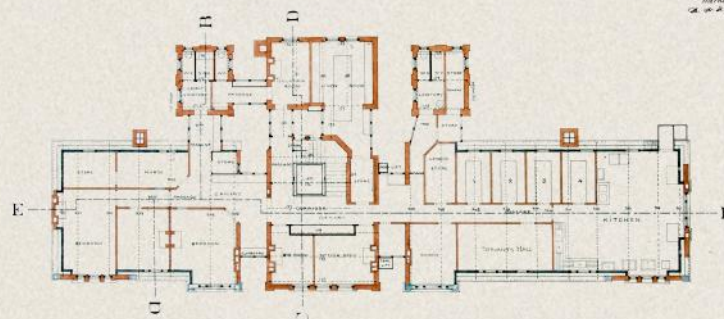
NOTE: The
1st & 2nd Floor are
under the

The London Homoeopathic Hospital.

Nº 8.

This is the drawing of the
referred to in the Report
of the Building and
Thomas Rogers and William Thomas Rogers
on behalf of the London Homoeopathic
Hospital dated the 30th day of the month of 1845.

Thos. Rogers
A. W. Rogers



Fourth Floor Plan

SCALE OF FEET

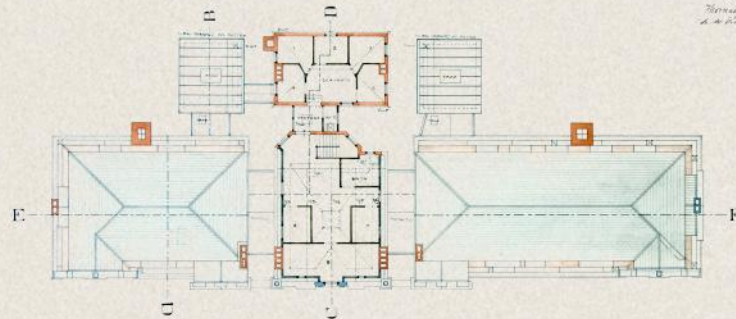
NOTE: The
1st & 2nd Floor are
under the

The London Homoeopathic Hospital.

Nº 9.

This is the drawing referred to in the contract for Building made between Messrs. Rogers and Messrs. Home Chapman on behalf of the London Homoeopathic Hospital dated the 31st day of November 1852.

Thos. Rogers
Architect.



Fifth Floor Plan

SCALE OF FEET
0 10 20 30 40 50

Thos. Rogers
Architect.
11, Mark Lane, London, E.C.

The London Homoeopathic Hospital.

Nº 10.

This is the drawing referred to in the contract for Building made between Messrs. Rogers and Messrs. Home Chapman on behalf of the London Homoeopathic Hospital dated the 31st day of November 1852.

Thos. Rogers
Architect.



Front Elevation

SCALE OF FEET
0 10 20 30 40 50

Thos. Rogers
Architect.
11, Mark Lane, London, E.C.

The London Homoeopathic Hospital.

Nº 11

This is the drawing of the building from the
 contract for building made between
 Thomas Bayes and William Henry
 Chapman on behalf of the London Homoeopathic
 Hospital dated the 11th of November 1872.

Thomas Bayes
 W. H. Chapman



Side Elevation

SCALE OF FEET
 0 10 20 30 40 50

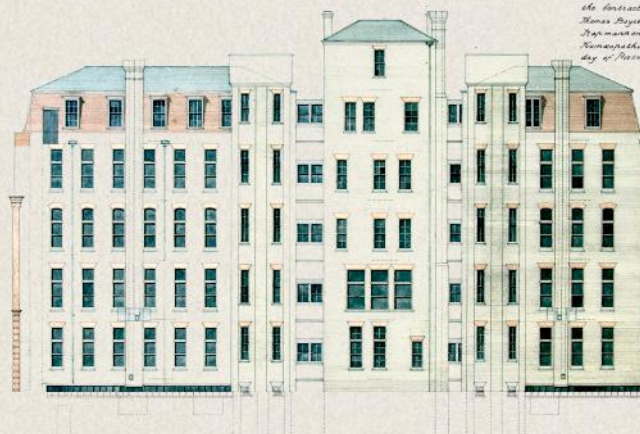
W. H. Chapman
 11th of November 1872
 11th of November 1872

The London Homoeopathic Hospital.

Nº 12.

This is the drawing of the building from the
 contract for building made between
 Thomas Bayes and William Henry
 Chapman on behalf of the London
 Homoeopathic Hospital dated the 11th
 day of November 1872.

Thomas Bayes
 W. H. Chapman



Back Elevation

SCALE OF FEET
 0 10 20 30 40 50

W. H. Chapman
 11th of November 1872
 11th of November 1872

The London Homoeopathic Hospital.

Nº 15.

This is the drawing of the
section in the building
made between
Thomas Bayes and William
Hume Raperman's school
of the London Homoeopathic
Hospital dated the 31st
day of August 1873.

Thomas Bayes
of the London Homoeopathic
Hospital.



Section A.B.



Section C.D.

SCALE OF FEET
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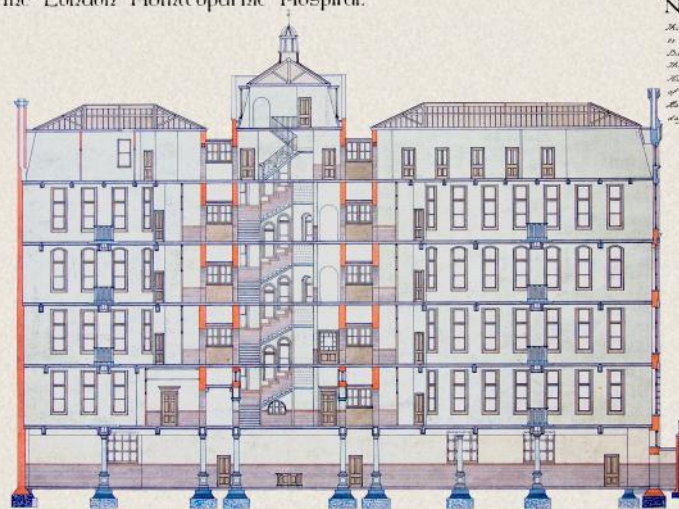
W. H. Raperman
of the London Homoeopathic
Hospital.

The London Homoeopathic Hospital.

Nº 14.

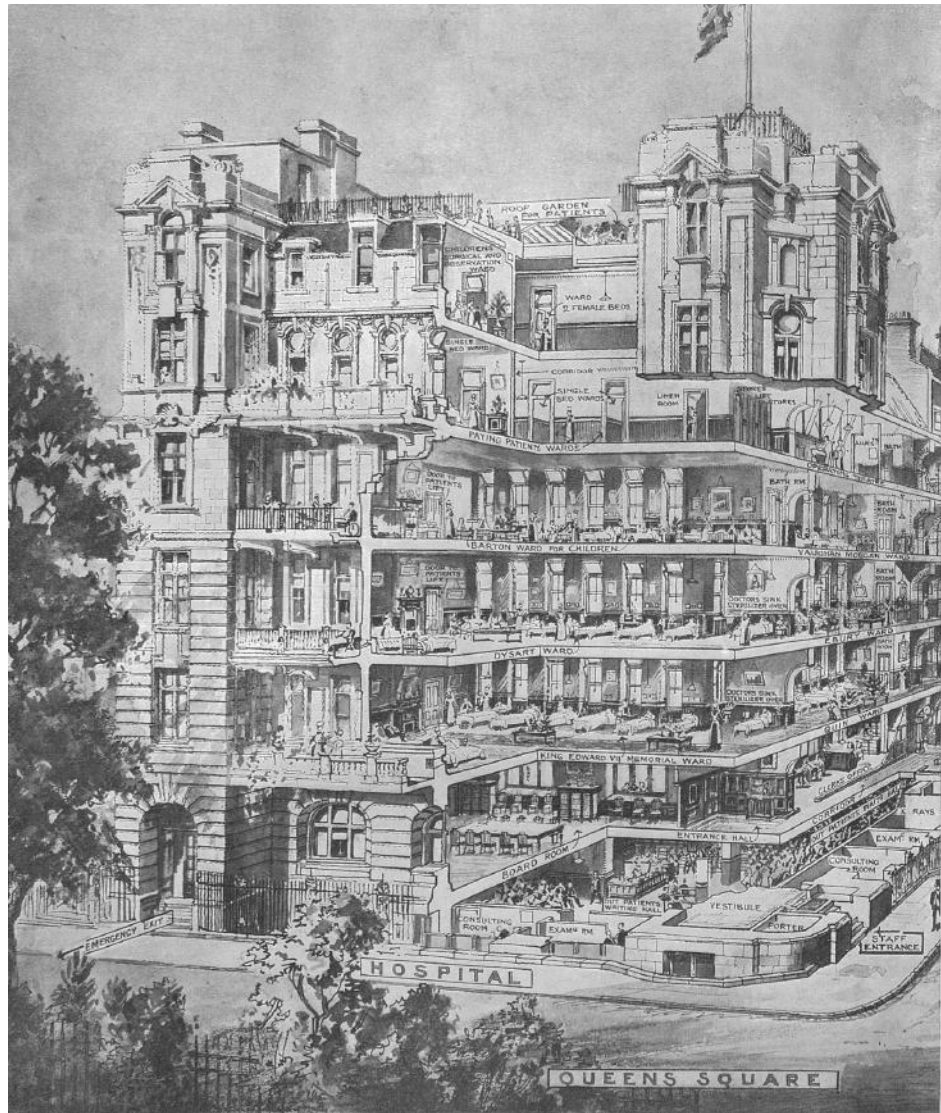
This is the drawing of the
section in the building for
Building made between
Thomas Bayes and William
Hume Raperman's school
of the London Homoeopathic
Hospital dated the 31st
day of August 1873.

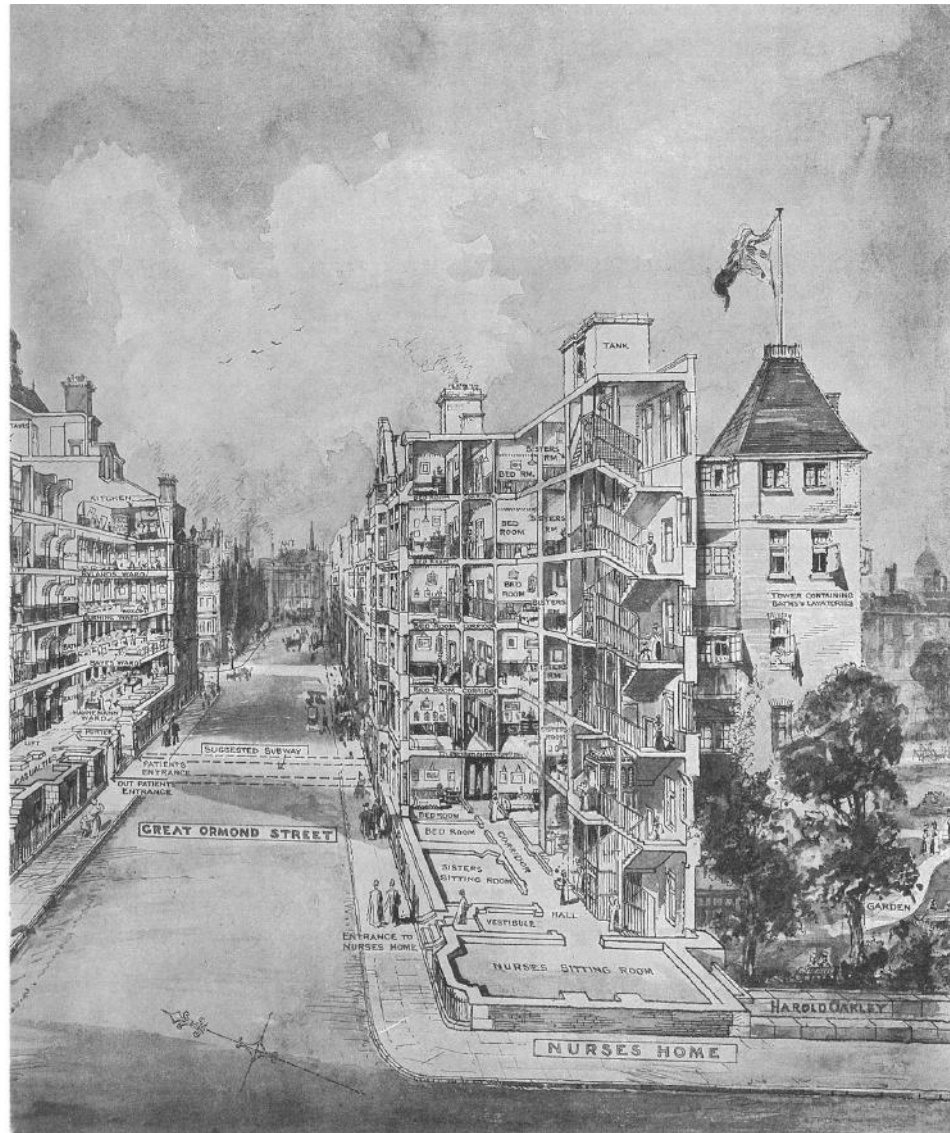
Thomas Bayes
of the London Homoeopathic
Hospital.



Section E.F.

SCALE OF FEET
0 1 2 3 4 5 6 7 8 9 10





Appendix D

Chronological list of Homœopathic Periodicals Published in 19th-Century London and Madrid

London

Title: *The British Journal of Homœopathy.*
 First year: 1843 (Vol. 1).
 Last year: 1884 (Vol. 42).
 First editors: J. J. Drysdale, M.D.
 J. R. Russell, M.D.
 Francis Black, M.D.
 Publ./Distr.: J. Leath, 5 St. Paul's Churchyard;
 H. Baillière, 219 Regent Street;
 MacLachlan, Stewart & Co, Edinburgh;
 Smyth, 12 Berry Street, Liverpool;
 Turner, 26 Piccadilly, Manchester;
 Machin, D'Olier Street, Dublin;
 Perthes, Besser & Mauke, Hamburg;
 Baillière, Paris;
 Radde, Broadway, New York.
 Printer: Neill & Company, Edinburgh.
 A full run of this journal can be found in the British Library, London and at the British Homeopathic Association and Faculty of Homeopathy, Luton.

Title: *The Homœopathic Times: Review of British and Foreign Medical Literature and Science.*
 First Year: 1849 (Vol. 1)
 Last Year: 1854 (Vol. 5).
 First editor: ?
 Publ./Distr.: Renshaw, London;
 Allshorn, Edinburgh.
 A full run of this journal is available at the British Library (London).

Title: *The Monthly Homœopathic Review:*
First Year: 1856 (Vol. 1).
Last Year: 1907 (Vol. 52).
First Editor: J. Ozanne, M.D.;
Publ./Distr.: Henry Turner & Co, 77 Fleet Street, London;
 Henry Turner & Co, Manchester;
 Simpkin, Marshall & Co, London;
 J. T. S. Smith & Sons, 484 Broadway, New York.
Printer: W. Davy & Son, Gilbert Street, London.
 A full run of this journal is available at the British Library (London) and the Cambridge University Library (Cambridge).

Title: *Annals and Transactions of the British Homœopathic Society, and the London Homœopathic Hospital.*
First Year: 1860 (Vol. 1).
Last Year: 1891 (Vol. 12).
First editors: Frederic Foster Quin, M.D.;
 J. Rutherford Russell, M.D.;
 Stephen Yeldham MRCS.
Publ./Distr.: Leath & Co, 5 St Paul's Churchyard, London;
 Leath & Co, 9 Vere Street, Oxford Street, London.
Printer: J. E. Adlard, Bartholomew Close, London.
 A full run of this journal is available at the British Library (London), at the Cambridge University Library (Cambridge) and at the Bodleian Libraries (Oxford).

Title: *The Homœopathic World: A Monthly Magazine of Medical News, Literature, Cases from Practice, Social and Sanitary Science, and Correspondence.*
First Year: 1866 (Vol. 1).
Last Year: 1932 (Vol. 67).

First Editor: E. H. Ruddock, M.D.
 Publ./Distr.: Homœopathic Publishing Company, London.
 A full run of this journal is available at the British Library (London)
 and at the Cambridge University Library
 (Cambridge).

Title: *The Journal of the British Homœopathic Society,
 New Series.*

First Year: 1892-1893 (Vol. 1)

Last Year: 1910 (Vol. 18)

First Editor: Richard Hughes, M.D.

Publ./Distr.: John Bale & Sons, 87-89 Great Titchfield
 Street, London.

A complete run of this journal is available at the Bodleian Libraries
 (Oxford).

Title: *The London Homœopathic Hospital Reports*

First Year: 1892 (Vol. 1)

Last Year: (Vol. 7)

First Editors: George Burford;
 C. Knox Shaw.

Publ./Distr.: London Homœopathic Hospital, London.

It is assumed that only seven volumes of this journal were
 published as no more could be identified. The British Library
 (London) holds vols. 1-3; the IGM (Stuttgart) holds vols. 2-7 and
 the University of Michigan Medical Library (Ann Arbor) holds a
 complete run of seven volumes.

Madrid

Title: *Gaceta Homeopática de Madrid* (1845-1846);
La Homeopatía (1846-1848);
Gaceta Homeopática (1848-1849).

First Year: 1845 (Vol. 1).

Last Year: 1849.

First Editor: José Sebastián Coll Cochet.

Publ./Distr.: Imprenta de N. Sánchez, calle de Jardines,
 número 36, Madrid.

A complete run of all three titles that compose this journal is available at the Biblioteca Nacional (Madrid).

Title: ***Boletín Oficial de la Sociedad Hahnemanniana Matritense.***
 First Year: 1846 (Vol. 1).
 Last Year: 1850 (Vol. 5).
 Editor: Sociedad Hahnemanniana Matritense
 [President: José Nuñez Pernía].
 Publ./Distr.: Establecimiento Tipográfico de Don Francisco de Paula Mellado, Calle de Santa Teresa, Número 3, Madrid.

A complete run of this journal is available at the IHHSJ and at the Biblioteca Nacional (Madrid).

Title: ***El Duende Homeopático.***
 First Year: 1850.
 Last Year: 1850.
 Editor: ?
 Publ./Distr.: Imprenta de L. García, calle de Lope de Vega, número 26, Madrid;
 Bailly-Baillière, calle del Príncipe, número 11, Madrid.

A complete run of this journal is available at the IHHSJ and at the Biblioteca Nacional (Madrid).

Title: ***El Centinela de la Homeopatía.***
 First Year: 1850.
 Last Year: 1851.
 Editor: ?
 Publ./Distr.: Imprenta de Hernández, Calle de las dos Hermanas, 17 cto. bajo, Madrid.

A complete run of this journal is available at the IHHSJ and at the Biblioteca Nacional (Madrid).

Title: ***Anales de la Medicina Homeopática Publicados por la Sociedad Hahnemanniana Matritense.***
 First Year: 1851 (Vol. 1).

- Last Year: 1857 (Vol. 6).
 First Editors: José Nuñez Pernía;
 C. L. Tejedor;
 A. Álvarez González;
 T. Pellicer.
 Publ./Distr.: D. L. Lletget, Puerta del Sol número 28,
 Madrid.
 Bailly-Baillière, calle del Príncipe, número 11,
 Madrid.
 Printer: Imprenta de D. Pedro Noplero, Calle de la
 Recomendación, número 19, Madrid.
 A complete run of this journal is available at the IHHSJ and at the
 Biblioteca Nacional (Madrid).
- Title: ***La Década Homeopática, Periódico Oficial de la
 Academia Homeopática Española.***
 First Year: 1853 (Vol. 1).
 Last Year: 1857 (Vol. 4).
 First Editors: J. Lartiga y Cors;
 A. Merino y Torija;
 P. de Aróstegui;
 R. Alonso Pardo;
 R. Fernández del Río.
 Publ./Distr.: Bailly-Baillière, calle del Príncipe, número 11,
 Madrid;
 Charlain y Fernández, Havana;
 J. B. Baillière, Paris;
 H. Baillière, London;
 H. Baillière, New York.
 Printer: Imprenta de Higinio Reneses, Valverde,
 número 24, Madrid.
- Title: ***El Criterio Médico, Periódico de Homeopatía
 Oficial de la Sociedad Hahnemanniana
 Matritense.***
 First Year: 1860 (Vol. 1).
 Last Year: 1889 (Vol. 30).

First Editors: José Ejea;
Juan de Lartiga.

Publ./Distr.: Bailly-Baillière, calle del Príncipe, número 11,
Madrid;
Luis Lletget, Corredera Baja, Madrid;
Manuel Carrión, Abada, Madrid;
José Raimundo de Juana, León, Madrid;
Cesáreo Somolinos, Infantas, Madrid;
Juan Pedro Blesa, Visitación, Madrid;
Graupera, Calle del Obispo, número 113,
Havana;
H. Baillière, 290 Broadway, New York;
Castro de Palomino, Calle de Capuchinos,
número 3, México;
Márquez, Puerto Rico;
Esquerra, Valparaíso;
J. B. Baillière, Rue Hautefeuille 79, Paris;
H. Baillière, 219 Regent Street, London.

Printer: Imprenta de D. Zacarías Soler, Pelayo 34,
Madrid.

A complete run of this journal is available at the IHHSJ and at the
Biblioteca Nacional (Madrid).

Title: ***Anuario de Medicina Homeopática.***
First Year: 1862.
Last Year: 1862.
Editor: D. Ángel Álvarez de Araujo y Cuéllar.
Publ./Distr.: Imprenta de A. Vicente, Preciados, 74, Madrid.
The only identified year (1862) is available at the Biblioteca
Nacional (Madrid).

Title: ***Boletín Clínico del Instituto Homeopático de
Madrid.***
First Year: 1881 (Vol. 1).
Last Year: 1883 (Vol. 3).
Editor: Tomás Pellicer.

Publ./Distr.: Imprenta, Estereotipia y Galvanoplastia de Aribau y Ca., Calle del Duque de Osuna, número 3, Madrid.

A complete run of this journal is available at the IHHSJ and at the Biblioteca Nacional (Madrid).

Title: *Revista Hahnemanniana, Órgano Oficial del Instituto Homeopático de Madrid.*

First Year: 1884 (Vol. 1).

Last Year: 1886 (Vol. 3).

Editor: Tomás Pellicer.

Publ./Distr.: Imprenta de Alfredo Alonso, Soldado, 8, Madrid.

A complete run of this journal is available at the IHHSJ and at the Biblioteca Nacional (Madrid).

Title: *El Propagador Homeopático*

First Year: 1896 (Vol. 1).

Last Year: 1897? (Vol. 2).

Editor: Luis de Hysern.

Publ./Distr.: Angel Bala, calle de Cuchilleros, número 3, pral. Derecha, Madrid; Grau-Alá, Unión, 8, Barcelona.

No complete run of this journal could be identified. A few early issues are available at the IHHSJ while the Biblioteca Nacional (Madrid) only holds the issue for May 1897.

Appendices E, F, G.

Please see enclosed CD-ROM.